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THE FAMILY DOCTOR AND PIONEER PHYSICIAN OF THE WEST

CHAIRMAN'S ADDRESS

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As one's memory wanders back to earlier years, the first question likely to present itself is, what influence created one's desire to study medicine? The particular impulse or deciding factor in the life of each of us has probably been different. I wonder, however, if many of us, especially the older ones, cannot look back on pleasant contacts in our late boyhood days with some fine character in the medical profession whose influence largely molded our decision.

It has always been a source of great pleasure to me to have lived just early enough to have been intimately acquainted with some of the group of early medical men who typify the fast disappearing family doctor. It is of him and his immediate predecessor, the pioneer physician of the West, that I have chosen to speak.

Probably the pioneer physician of the West was not much different from the same character in the East, but the West is still comparatively young, and the inspiring and unselfish lives of such men still linger in our memories. They lived under conditions so vastly different from those now prevailing that I feel it a duty to stir your recollections of their type in the hope that the memory of their real reactions on the life of their day may still influence the lives of future medical men, as they have both those of the present and those of the immediate past.

Such recitals as Dr. Pusey's life of his father in the seventies and eighties should be an inspiration to every young medical man. I dare say that many who have read it felt the same kindred feeling as I, that it could easily have been the life history of one's own father.

I have always been grateful that my early experience belonged to the horse and buggy days, because it makes me feel that I had at least a touch of the life of the country or pioneer physician. It helps one to appreciate what they accomplished and the great handicaps under which they practiced compared with today.

The early medical men who played their part in the pioneering of the West came to the particular locality where they settled, either because of some religious conviction or because they were caught up by the gold rush or were brought by the spirit of adventure. Later, as the news of the wonderful western climatic conditions spread, some came seeking better health.

Read before the Section on Practice of Medicine at the Eighty-Third Annual Session of the American Medical Association, New Orleans, May 13, 1932.

As one reads Dr. Henry Harris's "Story of California Medicine," from which I have here borrowed freely, or the life of the early medical men in the pioneer days of Colorado, Utah and other Western states, one is impressed with the generally high character of the early pioneer physician. True, there were a few medically minded bandits and impostors, but fortunately they lived only a brief life in our medical history.

I cannot believe that many of our early medical men moved West because of failure elsewhere, which seems to have been the case in many instances in recent years. The majority of our pioneer physicians were well educated, cultured, and in many instances, men of rather exceptional medical training. Not a few had spent one or two years in European clinics and brought to the new West the most modern of medical practices.

As one reads Dr. Harris's biographic sketch of such men as Gibbons, Cole, Toland, Cooper and Lane, one realizes that medical progress in the wild and exciting West was from the first destined to be rapid and on a high standard. The establishment of hospitals, inadequate though the first ones were, the foundation of medical societies and schools, the interchange of opinions and the publication of reports and treatises on medical problems were some of the accomplishments of these energetic and progressive professional men in the early fifties and sixties.

Medical men of the early West were not solely concerned with health problems but showed keen interest and participated in educational and civic development. Many were leaders in politics, and some edited the first newspapers. This was not only the case in California but also in the intermountain states. Dr. Willard Richards, my grandfather, was the first editor of the *Deseret News* in Salt Lake City in 1850. Dr. John M. Bernhisel was Utah's first representative to Congress in 1853. Dr. William F. Anderson, a well trained army surgeon who came West during the Mexican War, settled in Yolo County, California, in 1849. After several years of practice there during those wild days of gold rush history, he migrated back to Salt Lake in 1857 where, as recorded in his journal, "He hoped he might practice medicine among his peers in a more civilized and law abiding community." Dr. Anderson's life typifies that of many of our pioneer doctors, in that he held many positions of civic as well as of professional responsibility, besides taking care of an active practice over a large area of sparsely settled country. He was the president of the first medical society in Utah in 1870.

Many personal incidents as examples of the kindly feeling of the earlier medical men to the recent graduate are told in the sketches of the lives of these men. They were not jealous of the recent and rapidly progressive

type of medical training which younger men brought home with them. Even such radical teaching as Pasteur's germ theory of disease and Lister's antiseptic surgery were quickly accepted by many. Others, more stubborn and prejudiced, refrained for years from acknowledging the truth of such revolutionary theories. Belittling young new comers to the laity was of rare occurrence. The experience of the older physicians easily dovetailed with the better training of the younger ones and often resulted in partnerships beneficial to both. One could truthfully say that Ross' motto, "No doctor's reputation gives him the privilege of being careless of the young doctor's rights," typified this relationship. Consultations were common, were usually initiated by the doctor and were held with much dignity and formality.

Medical ethics was rigidly observed. Any attempt at unethical advertisement was severely criticized. Seldom does one see in medical announcements of today the dignity of California's first medical announcement on Nov. 3, 1847, which read, "Dr. Fourgeaud has the honor to offer his professional services to the citizens of San Francisco and vicinity. Office at Jones Hotel."

The instruction given to students in the early days of California's first medical schools was usually sound, and some excerpts should interest us today. For example, Dr. Toland, in his address to a graduating class in 1865, stressed the advisability of service and courtesy to the poor: "Some who were poor a few years back are rich now and do not forget those who ministered to them when they were in distress."

Robert Louis Stevenson showed his appreciation of the services of a pioneer physician, Dr. William Bamford, to whom he sent a copy of his "Travels With a Donkey," inscribing in it this tribute:

> You doctors have a serious responsibility. You call a man from the gates of death, you give health and strength once more to use or abuse. But for your kindness and skill, this would have been my last book and now I am in hopes that it will be neither my last nor my best.

The medical profession was confronted in our early history with their responsibilities toward the social problems of their respective communities. It was apparently just as difficult then as now to obtain a united opinion from the medical group. The doctors, therefore, lacked the unity necessary to obtain favorable legislation in health and sanitation. It is recorded, however, to their credit, that they depended much more on education than on legislation for the control of social ills. The abuse of alcohol and attempted legislation to control its use early demanded the attention of the medical profession. Temperance societies were formed as early as 1850, and the therapeutic value of alcohol in medicine was a very live question.

Laws governing prostitution and making it a crime to disseminate information leading to abortion were social problems of interest to the doctors as well as to the laity in the late fifties.

One of the difficult problems in early medical practice was that of transportation. Little can we picture in our days of efficient travel the difficulties encountered in pioneer days, especially before the advent of the railroad. The highways were never good, and in certain seasons they were often next to impassable with any kind of vehicle. Distances that had to be covered were great and weather conditions often anything but pleasant. The surest means of reaching one's destination was frequently on horseback. I doubt whether those pioneers would have agreed with Henry Morse Stevens who once said, "Transportation is Civilization."

These trips, especially in the mountain districts, did not permit the cultivation of such diversions as those enjoyed by Dr. Francis Adams, the famous doctor and scholar of Aberdeen, who read much Greek and Latin as he made his daily rounds on the back of his horse. It usually required a doctor's undivided attention as he rode to keep warm, and in certain districts it was necessary to keep an eye open for attacks by bandits or Indians. It is interesting to note in this connection, however, that a doctor captured by either of these groups seldom suffered bodily harm. Medical men held a peculiar and privileged relationship to the bandit element, which frequently indulged in shooting and knifing affrays. Because the services of a doctor were often necessary, the usual haunts and hiding places of these gentry were made known to him, and no shrewd bandit ever knowingly molested him. The medical men enjoyed a relative immunity from the usual holdups. A Dr. Eichelroth of early California records a common dialogue:

Bandit: Hands up and hold 'em high.
Doctor: What the hell do you want of me?
Bandit: Oh, it's you, Doc? Go ahead.

The type of practice followed by all the pioneer physicians was necessarily general. In the early days most of the obstetrics was performed by midwives, who called for the doctor's assistance only when complications arose. It was generally taught and practiced by the better trained physicians that meddlesome interference in obstetrics was dangerous, and that in most cases, if left alone, delivery would occur successfully.

In medicine they were called on to treat almost the same group of diseases as seen today, except for those that have almost disappeared—thanks to modern medicine. In early California, when mining was almost the sole industry, diseases resulting from food deficiencies were common. Cholera also invaded early California at rather frequent intervals. These diseases were seldom encountered in the inland states where agriculture was the main pursuit. Respiratory diseases were common in the winter months and gastro-intestinal infections in the summer. Contagious diseases reaped a heavy toll, particularly among the children.

Sudden deaths are often mentioned but usually attributed to apoplexy or heart failure. Angina pectoris or coronary thrombosis may have been the cause of some of these deaths, but all reference to them is lacking.

There is no account of any of the diseases later described as indigenous to the West, such as Rocky Mountain spotted fever. The history of the Mormon pioneers relates many cases of mountain fever, which, however, do not fit the picture of spotted fever.

Apparently there existed in the early days, as now, those doctors who gave much medicine and those whose observations enabled them to select the drugs which had proved of most value in their treatment of various symptoms and diseases.

Early surgery consisted almost entirely of the traumatic type. Shooting and knifing were altogether too common and were responsible for much of the emergency surgery. Amputations of limbs were often necessary as results of common accidents. History records the exceptional skill which these early men developed in this particular line of surgery. The surgeon's kit of those days, containing his saw and a series of amputation knives, is probably familiar to all of you. What

a fertile culture medium the beautiful plush lining of those kits must have been. In the preaseptic days, the only concern in the care of instruments was to prevent rust and protect the edge of the knives. Fractures occurred frequently and were generally handled with great confidence except when compounded. This type usually became infected and was a common indication for an amputation. I dare say that the stories of their usual good results in dealing with the simple fractures, as I have heard some of the older men relate with pride, could partly be accounted for by the absence of roentgenograms.

When the happy day of anesthetics came, chloroform was the one usually employed, and it is remarkable how few accidents occurred from its use until a later period when it was used for long operations.

The carbolic spray must have been a vicious thing when used promiscuously. Some terrible sloughs and scars resulted from its use.

I recently enjoyed an afternoon listening to the delightful reminiscences of Dr. Driver, who is still practicing in Ogden, Utah, at the age of 84. He is a man whose vocabulary is sufficiently picturesque to paint a very vivid picture of many of his early experiences, which apparently typified the routine life of the early medical men. He showed me a prescription book which he prizes very highly. In it, he has copies of the ordinary prescriptions for almost every disease and symptom commonly encountered in his practice since the early seventies. As was the custom then, he compounded and dispensed most of his medicines.

He related a bit of philosophy, which he thinks has helped him out of many difficult positions: "Common sense means good sense, and most successful medical therapy is common sense."

A habit of his that probably saved many of his patients from infections in the days before the value of asepsis or antiseptics was known was the care he used in washing his hands with soap and water, followed by alcohol as a means of washing off the alkali of the soap.

I was interested in his use of water glass and a bandage before the days of adhesive plaster, without which we feel today we can hardly keep house.

The majority of the earlier medical men in frontier life did not allow the question of diagnosis to weigh too heavily on their consciences. Their laboratory methods and physical equipment, on which we of today rely, possibly too largely, were almost nil. Necessity made them keen observers, and their own mental faculties were rather alert. I think generally there was seldom much doubt in their own minds as to what ailed their patients. Since their therapy was largely symptomatic and seldom specific, the finer differential diagnosis probably made little change in the outcome of a case.

I feel quite certain that the modern medical man, in spite of his better training through which he is able to save more lives, is not held in the same almost exalted esteem as was the pioneer doctor, nor does he enjoy quite the same love and affection of the families he serves. Even the early doctor's dress and the dignity with which he carried himself were characteristic and inspired confidence. He prided himself on the type of horse and carriage he drove, which usually distinguished him in his community. In the early days it was almost as easy to pick out the doctor of a community as it was the preacher or the sheriff. His opinion was not as likely to be questioned by his patients as it is today. His visit to the home of the sick was considered an event and was often shared by most of the nearby friends and relatives.

I have had some of my older patients say to me, "It was your father's visits and not his medicines that did us so much good; and you younger men never seem to have time for that."

Recently I received a letter from Dr. Stoddard, now living at Spanish Fork, Utah, and enjoying good health at 83. In speaking of his impressions of his long medical career, he writes:

> One cannot live so close to the hearts, the inner lives, the joys and sorrows of a people as I did for several generations, if he be worth his salt, without making for himself a warm place in their affections.

This pioneer physician has been a keen observer and a constant student and has watched with great interest the medical development in the last sixty years. He recalls very vividly some of the trying experiences of his earlier years when he felt keenly the loss of some patient, whose life he realizes now could easily have been saved by the skill of our modern young doctor, with the help of our up-to-date hospital. He wonders, however, just what this same well trained young doctor of today would have done had he been called on to meet the same emergency out in the "wild country," as he refers to it. He pleads for tolerance in the minds of the young before they pass judgment on the older practitioners. This venerable old man feels that our modern medical training and elaborate equipment may fail to develop in the doctor of today an independence and resourcefulness on which the earlier men without modern facilities had to rely.

Let us hope that our high degree of medical training and specialization may not spoil our young men by making of them merely additional cogs in the wheels of modern medicine in this present machine age, but rather that modern methods and physical equipment may be valuable adjuncts to a well trained medical mind, which can still be just as resourceful, as self reliant and as humane as was that of the medical man of pioneer days.

May I, in conclusion, draw for you a word picture of this fine old character, the pioneer family doctor? More often than not he was middle-aged or elderly. Book learning beyond that of most of his fellow pioneers had not puffed him up with vain glory but had made him tolerant and kindly; and experience in healing not only the bodies but the souls of the members of his sparsely settled community had made him wise and resourceful in service and counsel. In manner, he was grave but cheerful. His eyes were keen and observant but always kindly, and on occasion could twinkle most contagiously, and now and then, in stress of the sadness of others, which he made his own, could brighten with unshed tears. His manner was often brusque, but his hands were always gentle, though he knew only too well that swift pain was often most merciful. His dress was occasionally rough and coarse, but clean and neat. His big gold, hunting-case watch with its massive chain was almost a badge of his profession and a quieting wonder to the ailing child who sat on his knee and forgot the pain in the delight of hearing the cheerful tick-tick-tick and watching the revolutions of the busy second hand.

But it was in times of life or death crisis that the old family doctor was at his best. Then he became general and army all in one. He literally took off his coat, detached his cuffs, rolled up his sleeves and assumed

command not only of the patient but of the sick-room and the whole terrified family. There were no nurses to carry out his orders. He made up his mind what to do and did it, if it took all the rest of the night and all the next day as well. His day's work was as long as pain and suffering called. His charity was as broad as the wide territory he served. He loved children and the faithful horse that carried him on his rounds of mercy. There was a man who *practiced* his ideals of service, under conditions never easy and comfortable and sometimes barren and grim to the extreme, and yet kept faith with himself and his people. A homely hero he was—nothing less.

PREVENTIVE MEDICINE IN GENERAL MEDICAL PRACTICE

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A good doctor thinks primarily of his patient, and with this the patient is enthusiastically in accord. This traditional attitude of the practicing physician has made the doctor an intense individualist. It has made the doctor the partisan champion of the welfare of his patient against all opposing interests. It has inspired the confidence, affection and admiration of patients for their doctor. I trust no one would change the substance of this relation between doctor and patient. It is important to note that this feeling is entirely personal, and many patients who are devoted to their own doctors may often be quite cold to the medical profession, to organized medicine and to abstract mass medical procedures which we usually call public health measures. Likewise, many doctors are to a considerable extent cold to any procedure that modifies in any way this personal relation between them and their patients. Hence it has naturally followed that doctors have often been instinctively and unconsciously unsympathetic with such annoying bookkeeping details as the registration of births, the reporting of certain diseases, the accurate recording of the causes of death, etc. Perhaps partly for this reason another type of medical man has frequently been introduced to do this work. This type of medical man is mass-minded rather than individual or patient minded. This type of man can think in terms of a pure water supply, remote from the individual patient, and is keenly interested in safeguarding other foods and drinks and in controlling sewage, industrial hazards and the like. He gets satisfaction and comfort from statistics, rather than from the case of Mr. Smith. This is the familiar and older type of public health official—sometimes in the past a versatile man who was also a good practitioner, but nowadays, by the drift of general agreement, a somewhat specialized type of medical man and perhaps not always a doctor of medicine.

But this is only a small part of the present view of preventive medicine. The general practitioner of all time has always been concerned with the personal preventive side of medicine. In that he has had the complete cooperation of the patient. Very little has been written about this until recently, and there has been no established technic. It has been one of those things that has long existed, but has only recently come into the field of consciousness. Consequently it is frequently hailed as a new discovery. But just as physicians have practiced psychotherapy since the beginning of time and long before the word was invented, so doctors and the laity have understood certain causative connections, for example, between green apples and stomach ache, in which there were preventive possibilities. Indeed, if one wished to be subtle and delve into psychology and symbolism, one could go back to the preventive possibilities that are to be recognized of the earliest recorded and most famous apple.

The idea has slowly been developing that it is in this field of the intensely personal relation of doctor and patient that offers the best fruits of endeavors for preventive medicine. The feats of public health in the mass are now accomplished achievements, and they have been great. But the prevention of the present great scourges, such as degenerative heart disease, arteriosclerosis and nervous instability, lies apparently largely in individual hygiene. With the present knowledge and equipment, the prevention of venereal disease and of most infections of the upper respiratory tract, the control of cancer, etc., depend largely on the personal attitude of the individual patient. This personal attitude of the patient is best developed by the continuous close relation of doctor and patient. Doubtless many lay people learn much from reading, lectures, radio talks and the like. But not infrequently this so-called education needs control and testing in personal interviews between patient and doctor.

The general practitioner and his somewhat showy, perhaps more imposing but also less substantial, brother, the internist, is nowadays frequently consulted for apprehension in regard to heart disease or again indigestion, to use common examples. The activating impulse may be an annual examination, the death or illness of a friend or relative or so-called public health publicity. The old family doctor knew the family and past history and the habits and constitution of the patients and could start at that point. The present general practitioner may or may not have that advantage. Often, now, the general practitioner and nearly always the internist must dig out these data. The actual examination may be a small part, but it must be adequate. If the earlier details of the family history, past history, habits and constitution are neglected, the examination must be much more extensive and yet may be misleading. And furthermore, in such an event the opportunity for constructive personal preventive measures is lost. Likewise, it must be pointed out that in a large clinic, either private or public, this preventive medical aspect may easily be lost. The segmental scrutiny of the patient has its disadvantages in this respect.

The laity is prepared to accept the idea of personal preventive medicine with enthusiasm. Patients no longer feel that they must wait for obvious and marked incapacity before seeking medical service.

The personal preventive measures have already been considerably developed in certain specialties. The dental specialty has been keenly alive to these possibilities, and while it is passing through an experimental era in regard to many of the details of preventive dental medicine and while perhaps there is not yet sufficient grasp and indeed sufficient data regarding some of the more fundamental aspects of preventive dental medicine, nevertheless, the general idea of preventive work in dentistry has been accepted with enthusiasm by the public.

Read before the joint meeting of the Section on Practice of Medicine and the Section on Preventive and Industrial Medicine and Public Health at the Eighty-Third Annual Session of the American Medical Association, New Orleans, May 12, 1932.

At the present time the large emphasis in the practice of pediatrics is preventive in the same personal sense. The parents employ a pediatrician (or a general practitioner as the case may be, but the highest development is usually seen in pediatric practice) shortly after the birth of the child, and the pediatrician regulates the food and every other habit of a well baby. He makes routine physical examinations of the well baby, and then of the well child. Furthermore, the pediatrician or family physician performs vaccination against smallpox, arranges for diphtheria and other immunization, etc. The careful pediatrician or family physician is the one who refers the baby or child to the dentist, oculist and, if necessary, to the nose, throat and ear specialist. In addition, the pediatrician or family physician helps in the decision in regard to school, outside activities and the like. The mother who was carefully observed during her pregnancy is quite prepared for this.

And yet grown men and women are not as a general rule receiving the supervision and guidance that are in any way comparable to those received by babies and children. The schools and colleges are now beginning to take up in a somewhat mass fashion the preventive work begun by the pediatricians and general practitioners among the babies and children. Curiously enough, students in medical schools have been, at least until recently, allowed to be unhygienic to a shocking degree, with disastrous results, most notably, perhaps, in regard to tuberculosis. The example of personal preventive medicine in the group of medical students is, of course, the best education for future physicians in preventive medicine.

It is true that many medical men already do such work to a varying degree. But a more acute consciousness on the part of doctors of the preventive side of practice is needed. And perhaps of more importance is the collection of data dealing with normal physiology and psychology, as, for example, a knowledge of the effect of exercise on healthy persons as well as on patients with cardiac disease, on convalescents or on the orthopedic patient, and a knowledge of dietetics, not only for obese or undernourished patients, patients with gastric ulcer, costive patients or diabetic patients, but also for the maintenance and betterment of health. Within a generation the importance of focal infections as the underlying cause of varying systemic disturbances has been established. We are now on the threshold of the elucidation of the relation of perhaps symptomless physiologic disturbances of the gastrointestinal system to health. Again researches in the realm of endocrinology offer ground for the belief that the future may furnish the necessary data and equipment to make life better and fuller even if life may or may not be prolonged.

Thus far disease has been studied backward from the autopsy table and from the well developed and essentially incurable stage. The beginnings of disease ought to be studied, since in that stage many diseases may possibly be entirely cured, and thus the chronic manifestations of these diseases may be prevented. In any event, in the early stages of disease one is nearer the actual causes, and if cure is impossible, nevertheless, the abdominal condition may be controlled to the extent that life is not shortened and normal activity during life is not seriously limited. There are many instances of this, of which I shall just call to your attention one, arthritis, in its manifold varieties.

It is, then, in this field of personal or private living and environment that one looks to see the advances of preventive medicine, and here the general practice of medicine must play an important part. It must from its knowledge, investigations and experiments give more information concerning the effect of the various habits and environments on the maintenance and betterment of health. It must put into the actual practice of medicine all this information. Personally, I feel that this is the duty and prerogative not of another specialist, but of the general practitioner or internist. Just as the occasional superspecialist in heart disease, blood disease, diabetes or gastric ulcer may be useful, perhaps an occasional specialist in exercise, dietetics, recreation and the like may be advantageous, but I trust they will not be many. I believe that the general practitioner or internist is entirely competent to deal with this most important aspect of preventive medicine.

Of course, adjustments will have to be made which will involve changes in the methods of medical practice. I believe that these changes will generally tend to benefit the doctor professionally and materially. There will be always the inevitable and disturbing emergency sick calls of many kinds. But the substitution of orderly preventive work under good conditions for much of the harassing hectic sick calls under unfavorable conditions will lead to greater medical effectiveness and higher professional standards with less physical and nervous drain on the doctor and with, I trust, more adequate remuneration. I believe that the start already made shows that the public, now receptive, will be really enthusiastic and will be as appreciative of the preventive art as it is of the healing art.

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PRESENT-DAY TRENDS OF PRIVATE PRACTICE IN THE UNITED STATES

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Consider the practitioner of medicine in 1875. His complete equipment, in most instances, consisted of his five senses developed to extraordinary degree, and such medicaments as he could carry in his saddle bags. In the diagnosis of disease he took, first of all, a history. Since the time of Hippocrates, great practitioners have recognized the importance of a knowledge of the natural history of disease or the course that a disease usually follows. After taking a suitable history, he proceeded to confirm his diagnosis by physical observations. The temperature was estimated by placing the hand on portions of the patient that seemed to be hot. By sight the doctor tried to tell the difference between a blush and a fever. He gazed on the tongue. The eruptions associated with various exanthems were to him an open book. Even the sense of smell was employed, and many a disciple of Aesculapius gambled on his ability to diagnose diphtheria or typhoid with his nose alone. The odds in that day were far easier than at present. Then it was safe to say that one case in five was typhoid; today the disease has been so largely eliminated as to constitute a curiosity, viewed with amazement by medical students. The sense of touch and the sense of hearing were main reliances. Palpa-

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tion, percussion and auscultation were the three gods of physical diagnosis.

Then came the great shift from brains to glassware. Away from the bedside and into the laboratory turned the center of interest. Every secretion and excretion of the human body became the subject of weird chemical manipulations which yielded astounding information. The practitioner sat with his eye glued to the ocular of the microscope, searching for casts, counting red and white blood cells, studying mitoses, and delighting in strange crystalline conformations.

Next came the roentgen ray, and the unseen was made visible. The old time practioner might hear the râles; the modern practitioner sees the cause of the râles. Not only were the x-rays in themselves to constitute a valuable source of exact knowledge, but soon advances in technic enhanced their usefulness. The Graham test enables visualization of the gallbladder; the use of iopax permits gross changes in the kidney to become apparent; by the injection of air, the brain, the spinal cord and the contents of the abdomen are outlined with the x-rays.

Before the coming of the modern era, the physician had no way of knowing exactly the ability of organs to function. When it began to be realized that the body is a great physical-chemical mechanism in which reactions constantly go on, means were developed for measuring these reactions and thereby for determining functional efficiency. Moreover, actions involving motion within the body are translated into scrolls visible to the naked eye. Thus medicine has by application of inventions in mechanics and electricity progressed more and more into a science. The microscope, the stethoscope, the ophthalmoscope and all the other scopes associated with various organs project the human eye into dark and impenetrable cavities. The sphygmograph, plethysmograph and electrocardiograph bring the heart beat on a screen, determine the nature of its action, and indicate means for restoration of disordered function. Not all of these great contributions to the science of medicine have come from the clinic. The minute physiologic investigations on the frog, the ameba, the dog and the cat have been translated into procedures applied to human beings for the prevention, the diagnosis and the treatment of disease.

THE RISE OF SPECIALIZATION

Thus the five physical senses of the old time practitioner have been prolonged, projected and intensified thousands if not millions of times. But common sense has been little changed—and may have decreased. Knowledge has accumulated so vastly that no longer is it within the compass of one man to learn and to apply all the knowledge or the technical procedures that are available. The physician of an earlier day has evolved into the multiple specialties of the present. The specialties themselves have been divided and subdivided into technicalities beyond the comprehension of the man in the street. For example, the first of the divisions was the removal of diseases of the eye, ear, nose and throat into a specialty. Shortly thereafter, ophthalmology and otorhinolaryngology became separate specialties. Gradually a few otologists discontinued laryngology and rhinology and began to concern themselves solely with the ear. Moreover, some of the laryngologists began to confine themselves largely to bronchoscopy or peroral endoscopy.

Indeed, the most remarkable examples of fission have taken place in what was formerly called surgery. The first splitting that occurred resulted in general and abdominal surgery; then came gynecology. Thereafter general surgeons began to limit themselves to the head, to industrial surgery and to intrathoracic surgery, and the ultimate result of these repeated parthenogeneses is not yet in sight.

In 1925 the American Medical Directory listed 15,000 specialists; by 1928 the number had increased to 19,000; today there are 160,000 physicians in the United States, and at least 40,000 are specialists. In 1915, 30 per cent of all graduates became specialists; by 1920, 51 per cent of graduates were becoming specialists; today three fourths of the young men undertaking medical education have chosen their specialties before the senior year.

THE GROWTH OF THE HOSPITALS

It became apparent, just as soon as the practice of medicine began to require great expenditures for accessories and equipment, that individual physicians could not in most instances supply themselves with all the necessary space and apparatus to carry on the multiple activities of modern medicine. Furthermore, the earlier equipment was such that it could not be readily transported to the patient's bedside. Of course, this fact in itself was a great stimulus to American inventors. Today the cumbersome x-ray machines, electrocardiographic devices and basal metabolic apparatus of an earlier day have been developed into portable machines that can be carried to the patient's bedside. But in 1905 it was necessary to place the apparatus in an institution and to bring the patient to the machine. This condition helped toward the tremendous increase in the number of hospitals. From 1900 to 1930 the number of hospitals in the United States increased from over 1,000 to more than 7,000; the number of beds in these hospitals increased from 421,065 in 1900 to 950,000 in 1930. At the same time, attempts were made to overcome the cost of staying in a hospital by the development of x-ray and clinical laboratories which undertake diagnostic procedures. By 1920 there were 3,000 clinical laboratories in the United States, and by 1930 the number had increased to more than 4,000.

The hospitals first built were frequently merely places providing beds and the minimum amount of laboratory service. Gradually hospitals began to provide complete x-ray departments, clinical laboratories and physical therapy services. By 1920 there were 2,500 x-ray departments in hospitals, and by 1930 more than 5,000. Today more than 75 per cent of hospitals are properly equipped with x-ray departments and clinical laboratories.

Another significant factor during this period has been the entrance into medicine of suitable nursing service. In 1890, 400 nurses graduated from available nurse's training schools. In 1930, 20,000 nurses graduated from such schools, and it is estimated that, if conditions continue with the same type of education and training that existed in the past, 65,000 nurses will graduate in 1950.

The coming of the hospital into medical practice, while adding greatly to the cost of medical care, has vastly improved the quality of the care. Medical service can never be judged by price; it can only be judged by quality. Inefficient medical service is expensive at any price and leads only to further expense.

THE NATURE OF DISEASE

The Commission on Medical Education just a few years ago made a survey of the nature of medical practice in a typical New England community. It was

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found that 90 per cent of disease was seen and treated by the general practitioner. Of the patients seen, 55 per cent were attended in their homes, 35 per cent in the physician's office and 10 per cent in the hospital. Of the 160,000 physicians in the United States, more than 100,000 have today an affiliation with a hospital. Even though they may not be members of the staff, they have access to the use of the operating room, x-ray department, clinical laboratory and hospital beds. It must be constantly borne in mind, however, that 90 per cent of all disease seen by physicians represents the type of disease that any good general practitioner can diagnose suitably and treat suitably with the amount of equipment that he can carry in a handbag. It is the remaining 10 per cent of disease that gives serious concern to the sociologists, the economists, the philosophers, the philanthropists and all of those who in recent years have participated in the discussions of the cost of medical care.

The coughs, the colds, the minor digestive disturbances, the occasional rheumatic twinges, headaches, the minor gynecologic and most obstetric procedures come within the purview of suitable control by the general practitioner. Such cases as tumor of the brain, acute hemorrhagic pancreatitis, hypertrophy of the prostate or Raynaud's disease may demand consultation with specialists or their technical services. Any good general practitioner ought to be able to outline suitable artificial feeding for most babies in health and in disease. A pediatrician may be required for celiac disease or pyloric stenosis. The otorhinolaryngologist may offer to the patient with a vasomotor rhinitis comfort beyond what the general practitioner may give him, the allergist may seek more successfully the cause of hypersensitivity which turns out to be a reaction to leopard's dandruff, and the psychoanalyst may extract more efficiently the psychosis underlying a cardiospasm. But the vast majority of wage earners are too busy in these modern times attempting to provide their families with the $10 necessary each week to feed a family of five to develop any of these exceedingly interesting but after all quite extraordinary complaints. To the wage earner who is attempting, with his family, to subsist on $30 a week, a pain in the epigastrium is just cramps and not allergic abdominal migraine.

THE QUALITY OF MEDICAL CARE

Hardly a decade has passed since one of our great sociologists initiated the circulation of the striking statement that the rich and the poor received the best medical care, and that our great middle class is not receiving satisfactory medical service for a price that it can afford to pay. All of us will agree that good medical service is essential to human happiness and that therefore good medical service should be available to all human beings for what they can afford to pay. But good medical care differs greatly from the best medical care. In view of the advances of modern medical science, it is questionable whether or not the best medical care can ever be furnished to all the people at a price they can afford to pay. It would seem rather that we must work toward the period when all of mankind in this country will receive the best medical care that they can be furnished for what they can afford to pay. Thus, the person who seeks transportation to New York travels by bus, by day-coach, by pullman, and in the pullman he has a lower, an upper, a compartment or a drawing room, according to what he can afford to pay. He may indeed choose rather to make the trip by airplane. No economist has suggested, however, that drawing rooms be provided for all who care to make the trip at a fixed price. Indeed, it is rumored that even in Soviet Russia, under the five year plan, there are varying prices for those who wish to sleep en route as contrasted with those who seek to torture themselves through the night on the hard seats of the coaches.

EXPERIMENTS IN MEDICAL PRACTICE

In response to the demand for the finer refinements of medical science applied to the 10 per cent of serious diseases that has been mentioned, the hospitals, the x-ray departments and the clinical laboratories began to function. Then came some of the experiments already in effect for distributing the cost of these refinements over a considerable number of patients, and thereby lowering the expense to the individual. These experiments have involved the development of groups, such as the Mayo Clinic, and several hundred replicas thereof on a smaller scale, throughout the country. The desire to utilize such refinements caused the organization of commercial clinical laboratories, which provide laboratory service at fixed fees, sometimes the laboratories being the property of physicians and, in other instances, owned by business men who employ physicians to carry out the work. The American Medical Association has wisely refused to recognize on its approved list any laboratory not under the direction of a reputable physician.

Coincidental with the advancement in medical science came the expansion of the curriculum of the medical school, the raising of requirements for admission, and the demand for hospital internship subsequent to medical education. With these requirements it became impossible to conduct a medical school as a profit making venture or without endowment. Increasingly medical educators went to the state or to great philanthropies in search of funds to meet the deficits. Since a sufficient number of beds for teaching purposes is essential to a well conducted medical school, hospitals were built as portions of medical schools. These hospitals were conducted at first as part of the service to the poor, which medicine has ever rendered uncomplainingly and without payment.

As has been shown, the increased cost of medical care began to be reflected in the daily cost of hospital beds. This cost increased gradually from $1.25 daily per bed until it reached a figure as high as $11 to $12 daily per bed in some institutions. There are few medical institutions with sufficient endowment to meet such burdens. Soon institutions began to cast about for means of supplementing the endowment. Then arose as a part of the educational scheme, but incidentally as an attempt to answer the problem of the cost of medical care for the middle class, the conception that full time teachers in the clinical department of university medical schools might earn funds for the school through the fees paid by patients, these sums to be applied to the conduct of the hospital. Thus, available information indicates one full time professor of surgery in a class A medical college who receives a salary of $18,000 a year and earns $125,000 a year for the institution that employs him.

In the meantime, it is well to recall, American communities have been supporting many forms of organized medical practice which have long been recognized by competent observers to be unsatisfactory, inadequate, uneconomic makeshifts. Lodge practice is the curse of

small communities consisting largely of people of foreign parentage. Mutual benefit schemes have been sold by fly-by-night promoters to American wage earners. Organized clinics have entered into contractural arrangements with labor unions or unorganized groups of workers to provide a type of medical service that is by no means a sufficient service. Insurance companies sell health insurance policies for high premiums, which are required because an exceedingly small minority of the population purchase such policies. Moreover, all of the power rests with the company, and both patient and physician must in many instances resort to the courts to benefit by the policy. Finally, many industrial corporations, department stores, banks and similar businesses have evolved schemes of medical care for employees and also in some instances for the employee's family.

PREVENTIVE MEDICINE

And then there are the health departments! From the beginning, medicine has been an individualistic profession. With the coming of the great plagues in the fourteenth and fifteenth centuries, man began to organize against disease. The first great public health council was held in the middle ages to take measures against the plague. With the establishment of modern knowledge of infectious diseases, it is recognized that there are some forms of prevention of disease in which the state or municipality can do more for the individual than he can do for himself. Typhoid, for instance, is largely controlled by the community as a whole. Its control depends on pure water supply, proper disposal of sewage, clean food and the isolation of the typhoid carrier. No doubt, the application of community sanitation and hygiene to the prevention of infant mortality, the elimination of smallpox, and the control of typhoid and the acute infectious diseases has been largely responsible for the increased longevity of which we proudly boast. However, it remains to be established that heart disease, diabetes, cancer and other degenerative disorders, which constitute the chief causes of death in the present decade, are to be controlled by any procedure applied to the community as a whole. The recognition, the prevention and the treatment of these disorders is distinctly a problem affecting the individual and in which only another individual can function satisfactorily as a diagnostician and therapeutist. It remains to be established that any organization or corporation can undertake periodic physical examination to better advantage than can the family physician. The disorders of middle life demand individualization above everything else. The physician who knows the patient, his family history, his business career, and the social and mental aspects of the patient's life, is best fitted to advise him concerning prophylaxis against decay.

Here, then, is the current scene—a sketchy map of the present status of medical practice. The system reveals most medical care in the hands of general practitioners and specialists working in a vast number of hospitals. By this means the majority of our people are receiving medical care that must be of considerable adequacy because certainly our morbidity and our mortality rates compare favorably with those of other civilized countries, with or without systems of compulsory health insurance or state medicine.

Nevertheless it would be folly to claim that the best type of medical care is available to all the people for a price that they can afford to pay and that seems to be the ideal that is sought. Health departments are greatly concerned with preventive medicine, and the majority of private practitioners, especially the specialists, but slightly. Hence there proceed innumerable experiments in changing the nature of medical practice and, from many social leaders, cries for a revolution.

EVOLUTION AND REVOLUTION

It is, of course, reasonable to believe that our methods of medical practice will change to accord with changing times. We are concerned with retaining all that is good from the past and with preventing mistakes in the future. It is important that the change in medical practice come by evolution rather than by revolution. Never was there a revolution which did not swing too far and, like the pendulum, be forced to swing beyond the midline before arriving finally at the logical center.

The prophets who endeavor to predict the nature of medical practice for the future divide themselves into two groups. On one hand are those who feel that the individualistic practice of medicine, as it has existed in the past, must be supplemented by forms of organized medicine which will offer modern scientific medical care on terms that make it economically and psychologically easy of attainment. On the other hand are those who feel that, for the good of both the public and the practice of medicine, there should be no further evidence of governmental control or interference in the field of health and of medicine until sufficient study has been given to assure the retainment in medical practice, under any new plan, of those factors which have brought modern scientific medicine to its present estate.

CONTROLLED EXPERIMENTS

It has been well emphasized that the medical profession has led in the field of research in science but that it is among the most conservative of groups when considering possible experimentation in the fields of social organization. Scientific physicians demand laboratory study for confirmation of the value of any remedy before applying that remedy to their patients. They demand suitable controls before they are willing to accept evidence. They feel, no doubt, that the criteria which apply to the judgment of a scientific experiment should be used in evaluating experiments in social fields. They are unwilling to accept the word of the promoter of a demonstration that the demonstration has been an unqualified success. They are inclined to wait until the subjects of the demonstration, namely, the physician and the people of the community, submit their evidence in the matter. They are unwilling to accept the unsupported statement of the economist that the best medical care must be given to all the people at a price that they can afford to pay, until the economist can show that such care can be provided at a price that people can afford to pay, and until the economist can work out systems for controlling the supplies of food, fuel, clothing and suitable homes for these same people. Already it has been established that disease is not always caused by germs—that sometimes housing and food play vital parts in its prevention.

The medical profession has been averse to experiments which do not seem to have been properly organized or directed, and which do not take into account correctly the medical factors that are significant. Far too often, experiments in changing the nature of medical practice have been conceived, outlined and put into effect by lay directors without suitable medical advice. Such experiments not infrequently lead to the degra-

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dation of the profession of medicine. Evidence is available to indicate that several such experiments have succeeded financially only because they exploited both the patient and the physician who were concerned. It is not surprising that any self-respecting profession should refuse to become party to such plans. As essential factors in experiments in medical practice, physicians must be permitted a voice in determining the conditions of the experiment, and the final voice in determining the medical conditions.

EXPERIMENTS ABROAD

Whatever the public wants and is willing to pay for, it gets. There does not seem as yet to have been developed in any country a complete system of medical care that can be called satisfactory. Of the countries where there is compulsory sickness insurance, free choice of physician exists only in Great Britain, France, Luxembourg, Bulgaria and Chile. In their recent report, Drs. Simons and Sinai [1] point out that the number of claims and the lengths of illness have invariably increased wherever sickness insurance has been established. Whenever payment for the cost of disease is associated with the dole or with payment for unemployment, the number of abuses multiplies alarmingly. Sickness benefit may be a poor substitute for wages, but among low paid workers, among domestics and in periods of great unemployment, it becomes at least some sort of substitute for lack of funds.

Even the Russians have not been so foolhardy as to endeavor to eliminate the personal factor in medical practice. "There have been many suggestions for the suppression of private practice," writes Grossman [2] of Smolensk, "but the National Public Health Commission has taken no direct action. The psychologic factor in sickness demands the better qualified and specialized physician and he is in private practice."

And another Russian physician, I. M. Gubinskiy,[3] writes:

> Medicine has been calling for additional trained personnel. Since state and cooperative medicine have not been able to cover the whole territory, private practice has had to do the rest. The increased demand for medical aid is due first to increase in education and, second, in spite of a decrease in mortality, to an increase in disease. Third, there has been an increase in simulated illness encouraged by socialized insurance. The increase in the number seeking medical aid has resulted in overcrowded dispensaries and long waiting lines as well as decreased medical attention for each patient examined. When on examination the patient is diagnosed for treatment, he has no other alternative than the community dispensary for which he obtains a written excuse from work, but if no such excuse is given, the patient has to go to a private clinic or to the home of a private practitioner. It is evident that improvement in state medical aid is necessary, but higher standards cannot be attained in several but possibly in ten or more years. I believe that present private practice in the form of offices or collective clinics has its *raison d'être*. The private physician does not earn more than a state physician; but the patient is given, instead of seven to eight minutes, fifteen or twenty to thirty minutes of the private physician's time. Then there is the problem of the dual character of some state physicians, who are also engaged in private practice at home. But since the number of doctors is small, this has become a necessity. To discourage private practice by state physicians, it is suggested that the number of physicians should be increased, and this can be accomplished by increase in state salaries and also boycotting of those engaged in private practice. At any rate it is suggested that the young group of physicians should be discouraged from private practice and in time stricter and stricter measures taken against private practice.

THE EXPERIMENTS WITH THE CURRICULUM

There has been a constant struggle to fit the curriculum of the medical school to the changing medical needs of the nation. The suggestion has been made that two types of physicians be trained—short term doctors for country cases and long term doctors for serious illnesses. Such a panacea is so obviously ridiculous as to require but a moment's consideration. Already there are among us such short term healers of sickness as the osteopaths, the naturopaths and the chiropractors. Once in the practice of healing, they do not limit themselves to any variety of disease. Moreover, they concentrate in the cities and seek the wealthiest clientele, by no means offering for the wage earner a substitute for a physician nor for the farmer a doctor of easy access. Actually the patient remote from a hospital or the possibility of consultation demands the highest type of physician that modern medical education can develop.

The suggestion has been made that little or no attention be given to the specialties in the schools but that they confine themselves to the training of general practitioners, leaving to those who wish to specialize opportunity for graduate education in graduate schools or as assistants. The general practitioner must, however, be a specialist in every field. He never knows the moment when he may be called on to perform the most difficult of surgical operations or to diagnose the most insidious disease. Furthermore, as long as the rewards of specialization are so superior to those of general practice, the specialties are worth working for.

Few people realize that modern medical care, even at the hands of general practitioners, demands the vast armamentarium that it requires or calls into practice such a tremendous number of assistants and technicians. Labor costs are invariably the highest costs in any professional field. It has not yet been shown that it is possible to give competent medical care in the 10 per cent of difficult cases without expert laboratory, x-ray, dietetic and similar advice.

The principles that have produced some 50 per cent of specialists in a profession in which 85 per cent of the work to be done could be done by general practitioners are, no doubt, the same principles that apply in every other human occupation. The rewards of the specialist, the hours of work, the interest of his occupation are such as to make for specialization an appeal greater than that of general practice. When the rewards of the general practitioner and the interest of his work become such that general practice can compete as an attraction with the specialties, more physicians, being human beings, will become general practitioners.

THE GENERAL PRACTITIONER AND PREVENTIVE MEDICINE

It has become apparent that the general practitioner of the future will depend largely for his existence on the practice of preventive medicine as well as on the treatment of disease. Strangely there has developed—no doubt, largely by the effects of demonstrations, the actions of public health authorities and the preachings of social workers—the idea that only curative medicine is to be paid for: that preventive medicine is the duty of the state, and that it is a function which the state

1. Simons, A. M., and Sinai, N.: The Way of Health Insurance, University of Chicago Press, 1932.
2. Grossman, P.: Sovetskiy Vrach, 1930, number 1, p. 10.
3. Gubinskiy, I. M.: Vestnik Sovrenennoi Meditsini, 1928, number 5, p. 302.

will assume. There are two types of preventive medicine: first, that for which the community is primarily responsible and which only the community can perform; second, that which involves action of one individual on another and which should always be a function of private practice. Significant in this connection is an incident reported as a part of a recent demonstration for the control of diphtheria. An enlightened health officer persuaded his community by the use of posters in street cars and on busses, by lectures over the radio, by announcements in the newspapers, and even by circulars sent directly to homes that the administration of toxin-antitoxin or of toxoid to children is a most important step in the control of diphtheria. This health officer realized, of course, the danger of interfering with the confidence of patients in their family physicians, so his suggestion concluded: "Ask your physician, or come to the health department."

Following is a typical conversation that ensued between a mother and the family doctor:

"Doctor, do you believe in giving of toxoid to prevent diphtheria?"

"Yes, indeed."

"Do you use the same serum that the health department uses?"

"Yes, indeed."

"What do you charge, doctor?"

"Five dollars."

"Doctor, does the health department give the same treatment that you give?"

"Yes."

"Do they charge anything?"

"No. They take the funds out of the taxes."

"Well, doctor, wouldn't I be a simpleton to pay you $5 when I can get the same service from the health department for nothing?"

And being an honest doctor, he encouraged her to get the service from the health department because he recognized the importance of the preventive procedure. The physician in private practice cannot compete in the field of preventive medicine with state-owned and tax-paid-for services of this character.

THE PHYSICIAN IN INDUSTRY

If every steel mill, department store and similar industry employs salaried physicians to provide medical service to employees, three fourths of the people in this country who earn money will be removed as a possible source of income from private practitioners. Then, by the laws of nature, practitioners will no doubt disappear.

There would seem to be no reason why any great industry that wishes to safeguard the health of its employees should not provide physicians to be consulted by these employees in emergencies, to advise them regarding the prevention of disease, and, *if necessary*, even to give them medical care. But industrial physicians should not compete unfairly with other physicians in the community; they should not employ methods for the promotion of their practices beyond the methods available to other physicians. They should not, for a bare living salary, endeavor to treat employees and their families, because they cannot do justice to their patients and thereby they degrade the profession that they serve.

UNIVERSITY PRACTICE

It is reasonable to believe that universities and medical schools will continue to conduct hospitals in which patients will be treated for pay. It is not conceivable that such institutions will be able to finance their hospitals without fees from patients. In conducting hospitals, however, universities should limit, as far as possible, competition on an unfair basis with the men that it educates and places in the community. These graduates have a right to fairness. The size and expansion of a university clinic should be limited to the number of beds necessary for teaching purposes. The fees established by the university, when it takes care of the wealthy, should not be markedly less than the usual fees in the community. It seems doubtful, although I believe Mr. Michael Davis has expressed the hope, that great expansion of university clinics will in any measure answer the cry for suitable care of the great middle class and the wage earner. The function of the university and the medical school should be teaching and research, not the practice of medicine.

THE TREND OF PRIVATE PRACTICE

Our present social organization is complicated. It varies greatly from city to city, from village to village, from state to state; it varies tremendously from person to person, from industry to industry. It is inconceivable that any single plan will be developed for a system of medical practice applicable to every inhabitant of our country. The problem of providing funds for medical care is, after all, not a medical problem; it is a problem for bankers, economists and statesmen. Insurance is a means of saving for an emergency, for the replacement of lost property and lives. Insurance may be compulsory or voluntary. The American people should never consent to compulsory health insurance—but in some of our states they may. Then the remaining states will be able to watch the experiment. True, there are available excellent reports of the experiments abroad. The books by Simons and Sinai, and by Newsholme,[4] and the report of Rappleye for the Commission on Medical Education have shown that thus far not one system has attained complete satisfaction. Conceivably a system might be devised that will provide free choice of physician, insure adequate practice of preventive medicine, place responsibility on the patient for maintaining the insurance and on the physician to the patient, stimulate initiative and research among physicians who participate, and be free from political manipulation, graft and other weaknesses usually associated with state control. But, alas, such a system has not appeared abroad, and the history of American statesmanship and government control in other fields does not indicate its likelihood among us.

HEALTH EDUCATION

There remains the necessity of teaching the people the importance of saving for sickness as they now save in anticipation of postponed pleasure or death. Great insurance companies spend immense sums on education of their policyholders with a view to causing those policyholders to live longer and thereby to postpone the date of final payment on their life insurance. With the establishment of health insurance abroad, the amount of money spent on medical care increased from three to five times. The reports of the Committee on the Costs of Medical Care indicate that we shall have to spend much larger sums than are now spent to give to all our people the best type of medical care. It has been shown that advance in medical science has made modern diagnosis and treatment in the

4. Newsholme, Sir Arthur: International Studies on the Relation Between the Private and the Official Practice of Medicine, Baltimore, Williams and Wilkins Company, 1931.

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10 per cent of serious disease exceedingly costly. We have the physicians and the equipment to provide the best, but apparently the people do not have or will not save the money to pay for it.

An extensive campaign of education in newspapers, in magazines, directly by mail, through lectures and over the radio in behalf of voluntary sickness insurance might result in causing a sufficient number of people to apply for such insurance if it can be offered at a price that could be met by the wage earner. Simons and Sinai consider any voluntary system merely a short bridge to a compulsory plan.

People know that death is inevitable. In teaching preventive medicine, we have emphasized that sickness may be prevented. Today we know that some sickness for every family is just as inevitable as death, and unless obstetrics continue to be inevitable there will be no population for the future. Let us, therefore, teach the worker that 2,000,000 people are sick every day in 120,000,000 population, and that this number is not likely to change greatly in the future, even with considerable advance in the application of preventive medicine. Even should disease itself be largely outlawed from the human race, degeneracy and decay and ultimately death must be the lot of all of us. Associated with death and decay come inevitable illnesses that must be provided for; the need for the physician and for curative medicine will never disappear.

SUMMARY

To recapitulate, great progress in medical science has substituted for the family physician a complex system including hospitals, laboratories, technicians, dieticians, nurses, and a greatly increased equipment and personnel.

The family physician will always be the most economic and practically the most satisfactory physician for 90 per cent of human ailments.

The remaining 10 per cent of human ailments require hospitalization and specialization.

Modification of the curriculum or abbreviation will not lead to a greater number of general practitioners. The rewards of general practice must be made attractive in comparison with the rewards of specialization.

The general practitioner must become increasingly a practitioner of preventive medicine, and people must learn that preventive medicine is, like curative medicine, to be paid for, particularly because it is always worth more than it costs.

Organized medical practice in the form of groups, university clinics, industrial medicine, insurance practice and contract practice may have definite fields in medical practice. For the good of the public and for the advancement of medical science, they should limit themselves to the fields for which they are fitted.

People must learn to save for sickness as they now save for luxuries or in anticipation of death.

If the people cannot be educated to saving for sickness, voluntary health insurance or even compulsory health insurance will probably come.

The physician in private practice will not disappear. Under every compulsory health insurance system, and even in Soviet Russia, he persists because only a personal physician can function efficiently in a vast number of types and cases of disease.

Until human bodies and minds are standardized—an antibiologic conception—individual mutual responsibilities between patient and physician must be maintained.

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ORGANIZED MEDICINE AND PUBLIC HEALTH

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Neither an attitude of smug complacency nor a smoke-screen of tradition affords a proper method of approach for the solution of the many knotty problems now facing organized medicine. The solvent searchlight of science, playing for the past two or more generations on many of Nature's hidden secrets, has served to dissipate the veil of mystery in which many professional theories and traditional practices have formerly been wrapped. Speculative hypotheses no longer appease the modern materialistic mind which now clamors loudly for a type of medical service that will protect its physical body from the ravages of disease proved through scientific discovery to be preventable. So precipitous, so speedy has been this shift, and so insistent have been the demands made that, with reason enough, the medical profession, with tap-roots dipping deep down into the centuries, has had difficulty in adjusting itself to this changing order.

Life as it is lived today is not, from a sociologic standpoint, the simple, ameba-like thing it was a few generations ago, and all factors contributing to its make-up—not the least of which is medicine—must so adjust their activities as to conform to this changed life. Herein lies the medical profession's problem today; 'tis one largely of adjustment, or better, possibly, of readjustment. Granted this premise, let us proceed, in a brief fashion, to draw therefrom certain logical conclusions:

Any readjustment in medicine, to be successful, must spring spontaneously from within rather than be forced from without. Not merely the preservation and development of the profession of medicine depend on the success of this readjustment but, to a greater extent than one is wont to realize, the preservation and development of the human race depend on it.

It is precisely because medicine is the father of philanthropy and the sine qua non of social uplift that every new experiment in government, social economy or social betterment, seeks to absorb medicine and to make of it a tool in the prosecution of its enterprises. Organized medicine has met disease in open combat and won decisive victories over it; now it must develop and control statesmanship, as well as its cunning cousin, political intrigue, in order to meet these human forces on equal terms.

Public health has, within the last twenty-five years, come to a place of usefulness in furnishing much of the machinery by which organized medicine is enabled to cope with disease. Demonstration clinics, the function of which, in a last analysis, is educative, have served to create a new interest in medical supervision and thereby to bring many patients to the offices of physicians for continued treatment. The free laboratory services, now in operation in most states for the use of physicians, make diagnosis easier and more exact and thereby materially increase the confidence of the patient in the physician. The powers inherent in this new piece of machinery are likewise the object of covetous regard by sociologic and industrial enterprises. It is

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conceivable that public health agencies, were it not for their firm and scientific moorings to organized medicine, might be absorbed in an effort to utilize them in a struggle to control medicine.

Public health forces, particularly the health officer, are by the very nature of their activities brought into intimate and constant contact with forces that are competing for power and managerial control over certain types of medical service. For example, workmen's compensation boards, the sociologic aspects of venereal disease problems and the economic factors of tuberculosis control, all inevitably lead to such contacts. Inherent in these and other like instances are to be found the vested interests of a corporation, an industrial enterprise, or a merger which combines the interests of several such members. These vested interests frequently, and perhaps usually, are subversive of free and untrammeled exercise of the prerogatives of a personal physician. His age-old motto, "consideration of the patient's welfare first," gives way to one well understood but seldom expressed: "insofar as the patient's welfare coincides with advantage to the corporation, let it come first." The physician's efforts to render expert medical service, under these circumstances, are likely to be cast in a mold, fashioned by an efficiency engineer whose real objective is mass production of merchandise which can be sold at profit. Such a system places a higher premium on returning a laborer to his job than on returning a contented individual to the community or a healthier and happier parent to his family.

Some of the voluntary health agencies, though ostensibly free from the taint of vested interest, exhibit an arrogant assumption that "we know best what is good for the public weal." Every artifice of publicity and propaganda is utilized to influence the lay mind in ways that tend to uphold interests of the voluntary agency and to overthrow the dignity and usefulness of the medical profession. Physicians must meet the conditions created by this complex alinement of artifice against artistry and science. These conditions cannot be met, nor the problems solved, either by an attitude of resentment or by one of indifference. Neither can a solution be reached by a campaign of vituperation. Only a constructive policy of leadership within the ranks of organized medicine can bring order out of chaos and fulfil the prophecy of Descartes: "If ever the human race is raised to its highest practicable level intellectually, morally and physically, the science of medicine will perform that service." René Descartes died in 1650, but his challenge to scientific medicine comes down through the ages, reverberating from peak to peak of victorious achievement.

But not all of the achievements of organized medicine, even the victorious ones, which we traditionally glorify, have been without their undesirable cumulative effects. The average modern doctor still hugs to his bosom the thought of a long list of dependent families for whom he cares as a matter of course, almost as if they were members of his own family. Might he not do well to contemplate such gratuitous service in the light of distorted modern psychology, which asks, "How can we get something for nothing?" Does not a logical question immediately present: "How far can organized medicine, together with the rest of society, be held responsible for fostering such an attitude?" Apparently, it is but a short step in the thinking of otherwise self-respecting persons to "Why pay personally for medical and hospital service when others can be found to do this for us?" The village doctor, so beautifully portrayed by Balzac, in the traditional rôle of "Good Samaritan," was a character in keeping with the social order of a century ago. But, who will question that the present maelstrom of contending social forces are bent on bettering the human race through medical and public health services, without considering very seriously what the leaders of these services think as to how these ends may and may not be advantageously sought? More than anything else, at this time, an authoritative voice is needed.

Unquestionably such a voice should emanate from organized medicine, while public health forces should operate as a broadcasting service, corroborating, interpreting and demonstrating the feasibility of a plan of administration that recognizes the fundamental soundness of conserving the welfare of scientific medicine, as secondary only to the welfare of the human race. Indeed, the intrinsic worth of the former may be said to be inherent in the latter.

Without effort either to define or discuss the forbidding vagaries of "state medicine," one must realize that no sane approach can be made to the problem that ignores the important fact that in any moot, sociologic and economic question, be the decision right or wrong, the voice of the people will ultimately prevail.

If this is granted, what are the possibilities now confronting organized medicine?

As a first possibility, various types of medical service may be designed according to the intellectual lights or pecuniary interests of nonmedical groups to meet the needs of complex, modern situations. These will unquestionably operate without a due regard to the views, interests and leadership of organized medicine. It is probable, also, that they will be administered without a due regard to rights of private citizens to select their own physicians.

The fact that organized medicine may not be accorded the privilege of deciding for itself what are the highest types of service it can render to society will constitute an additional defect in such a plan of operation. With the voice of scientific medicine thus silenced or ignored, how can the avenues for the bestowal of medicine's highest gifts be kept open?

In contrast to the manifest disasters foreshadowed in the foregoing paragraphs, a readjustment both acceptable and workable to all concerned might be had through a firm fusion of all of the powers of leadership now to be found in the professions of medicine and of public health. Such a readjustment, it is believed, might be perfected with every due regard both to the general public and to the professional ideals and interests of organized medicine.

Public health activities are sometimes mistakenly conceived to be inconsistent with the best interests of organized medicine. A careful examination of the facts with relation to existing instances will reveal that the highest type of state-supported preventive medicine may be conducted with full and complete regard for the prerogatives of private physicians, as well as for the rights of the general public. So conducted, these activities unquestionably tend to place patients in the hands of practitioners of medicine. When evidence of incompatibility arises, it can usually be traced either to a misunderstanding on the part of the physician or to misdirected zeal on the part of the health worker. In either case, a frank discussion of the matter can be depended on to clear up the misunderstanding or to correct the misdirected effort. As the teachings of

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health authorities with regard to disease prevention begin to seep into the mass mind, the field of medicine will be extended and its precision and scope will be vastly increased. Good medical practice will mean the unhampered pursuit of scientific medicine and its establishment as the basic essential of a sound program of public health. These two phases of modern medical achievement are rightfully corollaries, not competitors. Furthermore, it would be nothing less than pitiable ever to see these two mutually indispensable phases of modern medicine arrayed against one another. How can either overlook the fact that, without the other, it would be working with little thought and less vision in a blind alley?

Organized medicine and public health hold, within their united grasp, every essential for the successful readjustment of the services of healing and prevention to meet the needs of the world today. These essentials include devotion to scientific achievement, inextinguishable ardor for the public weal, sagacity in organization and administration of plans. When such plans have been jointly evolved, approved and accepted by a majority of the membership of both groups, then the profession shall be in position to dictate terms to every agency seeking to finance medical service. Until our house is set in order and unless it is done successfully, organized medicine will be subjected, more and more, to dictation from outside its own ranks, and public health administration will find itself repeatedly circling in its own tracks and in utter futility.

That the profession of medicine will suffer in consequence is of relatively minor importance. This lesser calamity will be swallowed up in the greater disaster of the human race which will not be raised to its highest practicable level intellectually, morally and physically, because scientific medicine will have failed to point the way by which this service might be had. This will prove to be, not merely the humiliation of medicine; it will be the tragedy of mankind.

ABSTRACT OF DISCUSSION

ON PAPERS OF DRS. LEE, FISHBEIN AND BAKER

DR. STEWART R. ROBERTS, Atlanta, Ga.: When one hears so timely a paper as that by Dr. Lee, one can hardly help thinking of a country physician and general practitioner, Edward Jenner, who discovered the first universal application of preventive medicine in his vaccination against smallpox. If Jenner could do that so long ago, how much can we clinicians do in preventive medicine? Emphasis on preventive medicine is a state of mind, of preventive intent and interest, always watching and looking for the personal contact and the personal teaching that would prevent illness. I am disposed to think that in our personal relations with our patients, so far as the preventive phase of it goes, we use the subjunctive too frequently. We need to use the indicative mode in our personal relations regarding preventive medicine with our patients. Sometimes we need to use the imperative. Health is much more than just feeling well. For thousands of years we have had the incubus that the physician is but a curative agent. Ask the little boy who the doctor is and he will tell you he is the man who goes around making sick people well. We now have the newer view. Many diseases will disappear, and more and more of us, as the younger graduates come on, will lay more sensible and more productive emphasis on balanced living.

DR. H. F. VAUGHAN, Detroit: There is one aspect of the problem of medical cooperation with public health agencies which has not been emphasized and that is that at present there is an outstanding need for cooperation of this character. I know of no more opportune time than the present depression for efficient cooperation between the medical profession and the public health agencies. Health departments are suffering in their appropriations. They are being cut. There is greater need than ever before for the efficient expenditure of public funds and for the getting together of the most efficient type of machinery concerning public health. I think we can all agree that public health cannot be divorced from curative medicine; that the two go hand in hand. The Committee on the Costs of Medical Care has shown us that there are sick at a given time about 2 per cent of our population; 98 per cent are well or supposedly well. From my point of view, there is far more satisfaction to the medical profession and greater remuneration to the medical profession in taking care of the 98 per cent who are well than trying to collect bills from the 2 per cent who happen to be ill. It seems to me that the answer to the bugaboo of state medicine, so far as preventive medicine is concerned, lies entirely in a program of medical participation. The medical societies throughout the land should take the initiative in recapturing, as it were, for the medical profession the program of public health work. We come together occasionally and listen to discourses as to the difficulties inherent to a program of this sort, and I can't help becoming more or less agitated because we don't seem to get anywhere. Year after year we talk about the same thing. In one large city of a million and a half population such a program has actually been put in operation through the initiative of the county medical society. The health department and the medical society jointly have participated in a program of preventive medicine. We started in with a program of diphtheria protection. Three years ago we did away with all free clinics for the immunization of persons against diphtheria. We have not had a free clinic in three years, and this city has the highest percentage of protection between 1 year and 10 years of age when children have diphtheria, of any large community in the United States. Seventy-five per cent of the children of preschool age, 80 per cent of the school children, and 50 per cent of the youngsters under 1 year of age are protected against diphtheria. In the year 1931 this meant $200,000 in the pockets of the physicians who participated in this cooperative enterprise. All the service was rendered in the physician's office, with no free clinic by the health department. During the same period of time, without any special pressure or undue exertion, vaccinations against smallpox among the preschool group increased from 22 to 45 per cent, and the physicians were paid for this service. To my mind, the answer is the continued maintenance of public health machinery in our country of an adequate but limited character, and real participation on the part of organized medicine.

DR. E. STARR JUDD, Rochester, Minn.: The family physician is the most economical and the most satisfactory physician. I agree with Dr. Fishbein that rewards of the general practitioner must be made comparable to those of the specialist. The general practitioner can make thorough examination without elaborate equipment. He can keep abreast of the times by reading well recognized medical journals and by attending clinics and medical meetings. Preventive medicine is becoming a very definite part of the work of the general practitioner, and he should be paid for his services in this direction. He can carry out this work in a more satisfactory manner than any one else because he has intimate knowledge of his immediate district. This opens a new field of activity, income and real service. Some feel that group practice can be carried on without regard to the personal element. From experience of many years, I know that success in this form of practice is impossible without regard to this personal relationship. University clinics, industrial medicine, insurance practice and contract practice quite likely have a limited place in our work. It is difficult for me to see how the personal relationship between physician and patient can be maintained in these forms of practice, how the best results for the patient can be obtained, and, finally, how these forms of practice can help advancement of medical science. A recent survey shows the following: Men are entering the practice of medicine at a somewhat later age than previously. Although 47.7 per cent of the population of the United States is in communities of less than 5,000, only 19 per cent of the graduates of the year 1925 were practicing in communities of that size. Of the graduates of 1920 and 1925, 17.6 per cent were occupying full time salaried positions six years after graduation. Approximately 35 per cent

of the graduates of 1920, and also of 1925, have limited their practice to a specialty within six years after graduation. More than 70 per cent look forward to limiting their practice ultimately to a specialty. A little more than half of those who limit their practice to a special field do so without having had any experience in general practice. The number of men specializing in eye, ear, nose and throat and pediatrics is decreasing. Specialization has been overdone a little, and many are setting themselves up as specialists who are not thoroughly qualified. The American Medical Association, cooperating with other associations interested in this problem, should endeavor to indicate who is entitled to designate himself as a specialist.

DR. G. HENRY MUNDT, Chicago: The contacts which both men in government service and men in private practice must make are with the general public and with the profession. This contact with the general public has been carried out over the country, I think, much more satisfactorily by the men and women interested primarily in preventive medicine than those who are interested in the private practice of medicine. This, however, should not obtain, and with proper effort on the part of medical organizations they can make contacts which will be very satisfactory because in the final analysis the only way problems of medicine can be solved is by education of the general public. I think Dr. Fishbein is right. The average medical man is overtrained with mechanism but not overtrained with ability to think. One of the difficulties with this problem which is facing medicine is that the average man in medicine has a mechanistic view of medicine. He is entirely disposed to depend on roentgen or laboratory observations rather than on physical examination. We must get clearly in mind the extent to which universities and institutions of that kind practice medicine in competition with the private practitioner. I am convinced that the limit of material which should be used is that which is needed for teaching research. Anything beyond that is unfair to the public and to the medical profession. Unless we change our mental attitude and the mental attitude of the public concerning the practice of medicine by subsidized groups, we shall leave the 47 per cent of the general public who reside in communities of less than 5,000 very inadequately taken care of medically.

DR. J. CYRIL EBY, Plaquemine, La.: Organized medicine should cooperate with the public health workers. There is a definite field for both. When physicians as a whole concur in the fundamentals of public health principles, many of the alleged differences of opinion will automatically disappear, because it is frequently observed by health administrators that the bone of contention is not differences concerning the need for disease control measures but concerning the method of attacking the problems. I believe each community should meet its own needs as far as possible, and it is the duty of health officials, with the aid of the physicians, to educate people to the need of sanitation, hygiene and corrective procedures. Curative biologicals and medicines, if furnished the physicians, should be paid for by the individuals receiving the benefit. The health department and the physicians, working in cooperation, will eliminate useless friction and transform this wasted energy into beneficial service to the public. Every health officer here is striving to do the proper educational work so that the coming generation will look on the health department as a necessity. The older generation does not yet have this point of view, but coming generations will look on it as one of the essentials of the government and will demand adequate appropriations for the support of public health work.

Absence of the Stomach.—Those who cling to the old theory of intestinal infection in pernicious anemia may think that the deciding factor is the intestinal flora, but when we consider the frequency of megalocytic anemia in fatty diarrhea and after intestinal resection, we shall probably conclude that it is a matter of the efficiency of digestion and assimilation in the intestine. While the results of gastrectomy show that a healthy intestine can compensate for the failure or absence of the stomach, there is evidence on the other hand that disorders of the intestine may nullify the effects of perfect digestion in the stomach. We seem driven to the view that in pernicious anemia either gastric or intestinal digestion, or both, may be at fault.—Witts, L. J.: *Lancet*, March 12, 1932, page 549.

COLLAPSE THERAPY OF PULMONARY TUBERCULOSIS IN THE NEW ENGLAND STATES

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The treatment of pulmonary tuberculosis by collapse of the affected lung as exemplified by pneumothorax, phrenicectomy and thoracoplasty represents one of the most effective means of treating this disease. A procedure by which the diseased lung is put at rest not only prolongs life, reduces the mortality from this disease and shortens what would otherwise be a long period of invalidism but, of still greater importance, hastens the patient's return to industry. Yet, certainly in New England and all over the eastern part of this country except in the great tuberculosis centers, such as Saranac Lake and Liberty, N. Y., and Asheville, N. C., the medical profession seems to hold aloof from these procedures and to look on them rather as measures of last resort. Compare pneumothorax in tuberculosis, for instance, as the most common and certainly the simplest means of putting the lung at rest, with insulin in diabetes and with liver and liver extracts in the primary anemias. Physicians are perfectly well aware of the great good that the latter two can accomplish. Yet, for the obvious reason that for every case of diabetes or primary anemia there are hundreds of cases of pulmonary tuberculosis, the total of good that can be done by the former fades into insignificance when compared with what can and should be done by collapse therapy in tuberculosis when in suitable hands and in properly selected cases. We do not mean to imply that the medical profession is ignorant of the various methods of putting the lung at rest. It is probably because the average physician has no experience in such procedures and is not equipped to carry out these methods of treatment that he is loath to recommend them to his patients. The reaction of many physicians, when the consultant suggests that pneumothorax is indicated, is too apt to be, "Oh, no, Doctor, she hasn't reached that stage yet." In our own practice this has been only too frequent an occurrence. Thus the patient and the family are persuaded against it and much precious time is lost while the disease attacks the other lung, after which all possibility of putting one lung at rest is gone forever.

The same point of view is apt to be found in many tuberculosis hospitals and sanatoriums. Often it is for reasons of economy, usually because there is no proper x-ray equipment, that pneumothorax is not done. Still more often it is because the medical personnel has had no experience along this line that many hospitals and sanatoriums for tuberculosis are not using this most effective means of helping their patients.

The public, wonderfully educated concerning tuberculosis and its treatment, in other ways, thanks to the educational campaign of the last twenty-five years, seems to be ignorant of "collapse therapy." Popular magazines are full of articles on the marvels accomplished by insulin and liver, but they contain little if anything about a far more important means of alleviating suffering and curing an infinitely more widespread and devastating disease than either diabetes or the anemias.

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One of us (J. B. H.) recently asked three questions of fifty consecutive presumably intelligent lay men and women:

1. What does the word "insulin" mean to you?
2. What does "liver," not as a food but as a medicine, convey to your mind?
3. Do the words and phrases "pneumothorax," "collapse therapy," "compressing the lung," "gas treatment," "the rib operation" mean anything to you?

Each of the fifty gave satisfactory answers to the first two questions but admitted complete ignorance of the last.

We have simply selected the six New England states for this study because we live and carry on our work in one of them and are therefore much more familiar with the tuberculosis problem in New England than elsewhere. It was because we felt that this state of affairs in New England was a most unsatisfactory one, resulting in many unnecessary deaths and much equally needless invalidism and suffering, that we have undertaken this investigation. It is doubtless true that the same neglect of collapse and compression therapy in tuberculosis exists elsewhere in this country, but we felt that perhaps somewhat hyperconservative New England might be particularly derelict in this regard.

It is not easy to obtain accurate information concerning such a subject as this. The only figures at our disposal that can be said to be at all definite and certain are the yearly number of deaths from tuberculosis in each state. The remaining statistics on which such a study must be based are only approximate. Admitting this at the outset, we have therefore endeavored to obtain as accurate information as possible from every available source concerning:

TABLE 1.—*Deaths from Pulmonary Tuberculosis in the New England States in 1930*

Connecticut	825
Maine	371
Massachusetts	2,423
New Hampshire	206
Rhode Island	389
Vermont	208
Total	4,422

1. The total number of recorded deaths from pulmonary tuberculosis in each of the New England states for the year 1930.

2. The approximate number of active cases of this disease in each state for the same period.

3. The approximate number of patients with pulmonary tuberculous disease in whom some form of collapse therapy was used and, from this, the percentage of such cases with reference to the total number of patients with active tuberculosis in each state.

4. Finally, some idea, based on information from the most authoritative sources in this country, as to what might be considered a fair average percentage of the total number of active cases of tuberculosis in each community which are suitable for some form of collapse therapy and which should be given the opportunity of such treatment.

The accompanying tables show the results of our inquiry.

The figures in table 1, obtained from the respective health departments of each state, are presumably accurate although doubtless well inside the actual number of deaths from this disease. The respective mortality rates do not enter into this discussion.

In table 2 the figures as to the number of active cases of tuberculous disease were obtained by multiplying the number of deaths by 5. This factor, based on the results of the Framingham Demonstration and many other similar studies, has been approved and accepted by the National Tuberculosis Association and by the American Public Health Association as a fair means of estimating the number of active cases and is generally considered standard practice. It represents a figure probably far within the total number of cases of active tuberculous disease.

TABLE 2.—*Number of Active Cases of Pulmonary Tuberculosis in Each of the New England States in 1930*

Connecticut	4,125
Maine	1,855
Massachusetts	12,115
New Hampshire	1,030
Rhode Island	1,945
Vermont	1,040
Total	22,110

Accurate information concerning the use of pneumothorax, phrenicectomy and thoracoplasty is difficult to obtain. We have no doubt that we have missed some cases but in all probability not enough to affect the results materially. We have written personal letters to every hospital and sanatorium, public and private, in New England asking for the figures in each case. In this list we have included the larger general hospitals in which we felt that pneumothorax or some similar procedure might have been carried on. In addition, we have communicated with every specialist in diseases of the lung and in tuberculosis and with every thoracic surgeon in New England known to us. The result needs no comment. Of probably far more than 22,110 active cases of pulmonary tuberculosis in New England in the year 1930, only 928 were selected for some form of collapse treatment.

We were convinced that this proportion, 4.2 per cent, was pathetically low. Our next step, therefore, was to find out whether or not we were wrong in our belief that from 20 to 25 per cent rather than from 4 to 5 per cent was a far more proper proportion of those patients with active tuberculosis who needed and who should have been given the opportunity of receiving help by means of some operative procedure. Information on this subject is not found in textbooks but is to be obtained only by means of detailed personal investigation. We felt that if we could get the ideas of the various well known tuberculosis groups in this country, such as those at Saranac Lake and Liberty, N. Y., Asheville, N. C., Rutland, Mass., Colorado Springs, Colo., Portland, Ore., and Los Angeles, it would at least give us a fair idea on which to base our estimate. In

TABLE 3.—*Number and Percentage of Cases of Pneumothorax, Phrenicectomy or Thoracoplasty Performed During 1930 in Each of the New England States*

	Number	Per Cent
Connecticut	276	6.6
Maine	33	1.7
Massachusetts	556	4.5
New Hampshire	4	0.3
Rhode Island	40	2.0
Vermont	20	1.0
Total	928	4.2

addition to such sources of information, we communicated with other well known tuberculosis and lung specialists all over the country as well as with the superintendents and directors of many state, municipal and government tuberculosis hospitals and sanatoriums where we knew that this method of treatment was carried on. In each case we asked, first, what proportion of tuberculous patients received some form of compression treatment and, secondly, an opinion as to what this percentage in general should be regardless of the figures of their particular institution. Each one to whom we wrote seemed to feel that the subject was a most important one. With only one or two exceptions the majority were of the opinion that compression or collapse therapy in some form should be done far more frequently than is now the case.

Dr. Alexius Forster of the Cragmor Sanatorium of Colorado Springs stated: "In my judgment, approximately 30 per cent of the cases we have here are eligible for some form of surgical help." Dr. F. M. Pottenger of Monrovia, Calif., and Drs. Ralph and Ray Matson of Portland, Ore., are more conservative and, while not committing themselves definitely, gave us the impression that 15 per cent or thereabouts of all their cases were suitable for some form of compression therapy. Dr. Jamie Dickie of Southern Pines, N. C., makes the significant statement that "with few exceptions, every terminal case of tuberculosis was at one time a suitable case for one of these three operations." His own percentage during the past two years has not fallen below 20 nor above 30. The figures of Dr. Henry D. Chadwick, late of Massachusetts and now of Detroit, are most striking. In the hospitals and sanatoriums under his direct supervision with a total of 1,326 patients, 57 per cent received some form of compression or collapse therapy. This is certainly an amazing figure when compared with the 4.2 per cent of the New England states. Dr. Bayard Crane of Rutland, Mass., places his figure at 30 per cent of the total number of patients admitted, while Dr. David Lyman of Wallingford, Conn., states that 47 per cent of the 177 patients in 1930 were so treated. He adds that if he had more facilities for bed care his figure would be well over 50 per cent.

The Saranac Lake figures, as given by Dr. Fred Heise at the Trudeau Sanatorium and those in private practice under the care of such men as Dr. Lawrason Brown, J. Woods Price and Edward N. Packard, apparently run from 40 to 50 per cent of some form of operative collapse treatment. It hardly seems necessary to go further.

In addition to this, other authoritative opinions were obtained from the literature on the subject. Dr. E. J. O'Brien [1] of Detroit is of the opinion that practically every patient with unilateral tuberculosis should be given some form of compression therapy. In uncontrollable hemorrhage, even in bilateral lesions, if a pneumothorax is not possible, phrenicectomy should be done on the side on which the bleeding occurs.

Drs. Jerome R. Head and O. C. Schlack [2] speak in no uncertain terms on this subject:

> For the past eighteen months at the Oak Forest Tuberculosis Hospital [which is the Cook County Tuberculosis Hospital of Chicago] we have been proceeding upon the principle that every case of unilateral pulmonary tuberculosis should be treated surgically, i. e., by some form of compression treatment. Our reasons for adopting this program have been based partly upon logic and partly upon experience. Not the least consideration has been a recognition of the type of patient with which we have to deal. The patients are drawn principally from the laboring classes of a large metropolitan area. A great many of them leave the hospital against advice after too short a stay, and even those who remain until discharged as arrested are unable on account of economic necessity to continue their convalescence at home under proper conditions.

Out of a mass of figures and percentages, some of which we have given here, we have come to the conclusion that 30 per cent was the figure that nearest represented the consensus of all these authorities. It certainly agrees with our own opinions on this subject. This is in sharp contrast with the 4.2 per cent which apparently holds true in New England. Were this figure, 30 per cent, applied to the six New England states, over 6,500 patients instead of 928 would have been given the benefit of pneumothorax or some similar treatment. It is not difficult to figure how many lives would have been saved thereby and how much unhappiness and invalidism prevented.

Granted, then, that it is the consensus among authorities in tuberculosis work that 30 per cent of all active cases of tuberculosis should receive some form of surgical compression treatment, how can it best be brought about that such a low figure, 4.2 per cent, as is found in the New England states, can be changed for the better? It is certainly evident that an educational campaign along this line is urgently needed among both the medical profession and the public. It is undoubtedly true that one reason for the low figure in New England is the refusal of many patients to consider what they believe to be radical and even experimental treatment. But this does not explain the 30 or even 50 per cent of such cases elsewhere. In our own work we have little or no difficulty in persuading a patient that pneumothorax should be tried, although it often takes time, patience and tact. On the whole we believe that it is the medical profession that is at fault, chiefly because the vast majority of physicians are not aware of the almost miraculous results that can be accomplished by this means even under the most discouraging and hopeless conditions. The general practitioner is well able to handle his anemia patients with liver and liver extracts and his diabetic patients with insulin. But because few practitioners are equipped to handle pneumothorax cases, they rarely recommend it. Thus the opportunity is lost. Those patients are indeed fortunate who are at once sent to a sanatorium where this treatment is given. Back of all this is the fact that to most of the medical profession tuberculosis is a dull and uninteresting disease and its treatment equally so.

What is the answer? The figures presented are not complimentary to New England. However, we do not doubt that a similar state of affairs would be shown elsewhere, at least outside the well known resorts for the tuberculous.

CONCLUSIONS

1. Tuberculosis and its diagnosis and treatment should be given distinctly more attention in medical schools than is now the case.

2. Every general hospital, large or small, should freely and willingly admit tuberculous patients for study, diagnosis and operative treatment, if necessary. This, one of us (J. B. H.) has again and again emphasized. Further, each general hospital should have on

1. O'Brien, E. J.: Surgery of the Phrenic Nerves and Intrapleural Pneumolysis, J. A. M. A. **92**: 463 (Feb. 9) 1929.
2. Head, J. R., and Schlack, O. C.: Am. Rev. Tuberc. **24**: 42 (July) 1931.

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its consulting staff at least, which in every case could easily be arranged, some one who could speak and act with authority in such matters.

3. Every tuberculosis hospital and sanatorium should have an x-ray plant or easy access to one and should be otherwise equipped to carry on compression treatment, while of course, most important of all, the members of its staff should be trained in the selection of cases and in the technic of pneumothorax. Phrenicectomy and thoracoplastic operations of course require the services of a surgeon trained in thoracic surgery.

4. The subject is of such real importance that it should form part of the yearly program of every county and local medical society. We have attended many meetings where such matters were discussed but either they were for a selected group of men engaged in this work or, if for the general medical public, of such a technical and detailed nature as to be practically devoid of interest and value.

5. We feel that the superintendents of tuberculosis hospitals and sanatoriums should not only write and publish articles on this subject but invite and urge the local medical profession to attend meetings where clinical demonstrations could be held and the whole subject of the modern treatment of tuberculosis presented in a simple and practical way.

11 Marlborough Street.

TRICHINIASIS

REPORT OF AN OUTBREAK CAUSED BY EATING TRICHINOUS BEAR MEAT IN THE FORM OF "JERKY"

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Although lower animals are the normal hosts for Trichinella spiralis, man may be accidentally infected by eating insufficiently cooked or raw trichinous meat. By trichinous meat is meant meat in which the larvae of Trichinella spiralis have become encysted and require only liberation from their cystic cells, during the process of digestion, to resume their cycle of development and in turn infect their latest host. It has been said[1] that encysted larvae can remain alive in muscle tissue for as long as thirty years. When meat containing cysts is eaten, the wall is digested, the larvae are liberated, and the cycle once more is started. Briefly, this cycle consists in the liberation of the embryos from the cyst; their passage into the small intestine, where they grow to maturity in two or three days; the fertilization of the female by the male; the burrowing of the anterior end of the fertilized female about the sixth to the eighth day into the intestinal mucosa; the escape of the embryos from the vulva of the female into the intestinal mucosa over a period of about six weeks; the passage of the embryos into the lymph spaces of the mucosa and submucosa, and the passage of the embryos through the right side of the heart by way of the blood stream, through the lungs to the general circulation and thence to striated muscle, which they actively penetrate. Here the embryos rapidly develop to the adult stage in about fifteen days, at which time the first step in encystment takes place. When the worms implanted in the muscle tissue are seen early, they lie flat and in the plane of the muscle fibers, but after reaching maturity they begin to curl at both ends and encystment is under way about one month after infection. Encystment is probably complete by the end of the twelfth week for a given worm, the actual time of encystment after eating trichinous meat depending on the date of birth of the embryos after the burrowing of the female into the intestinal wall. From the foregoing, one can see that the eating or even the chewing and rejecting of trichinous meat starts the cycle of development which ends in the encystment of the organisms in the muscles of the host. Classically, pork is the offending meat, but other edible animals also act as host, possibly from eating trichinous rats and pigs. In the outbreak reported here the brown bear was the cause of infection.

Read at a staff conference, United States Naval Hospital, Mare Island, Calif.

From the outpatient service of the United States Naval Hospital, Dr. F. E. Curtis, chief of service.

1. Whitmore, E. R.: Trichiniasis, in Tice: Practice of Medicine, Hagerstown, Md., W. F. Prior Company, Inc. 5: 175.

REPORT OF CIRCUMSTANCES SURROUNDING AN OUTBREAK IN VALLEJO, CALIF.

CASE 1.—Lloyd K., aged 18 years, joined a party of hunters in Trinity County, Calif., and brought down a brown bear weighing about 400 pounds (180 Kg.), age not determined. The bear was skinned, and as there was a large amount of meat to be disposed of, it was decided to "jerk" it and keep it for later consumption. The process of "jerking" consists in cutting the meat in strips, then smoking and drying it in the sun for a few days. The end-result is a strip of black meat 18 inches long, 2 inches wide, and one-half inch thick, rather tough and leathery and not particularly palatable. The meat was divided among the members of the hunting party; Lloyd K. brought his home and proudly passed it around at school as well as at home and among the neighbors.

About seven days after eating his first jerky, he became ill with nausea, vomiting, diarrhea and generalized pain in the abdomen, which lasted two or three days and subsided. He continued to chew the jerky at odd times over a period of several days, and three or four days later he became ill with fever, malaise, anorexia, prostration and pain and stiffness in the muscles of the gastrocnemius groups. He continued to get worse; the muscular pains became quite severe; the temperature was high with large daily swings; he was unable to move his limbs, and he rapidly became delirious. On the evening of October 12, fourteen days after the onset of his illness and about twenty-one or twenty-two days after first eating the jerky, he was seen by me.

He was lying in bed, delirious, rambling in his talk, cyanotic, toxic and dehydrated. He responded meagerly to questions but did not give an intelligible reply. His temperature was 96 F. by mouth; pulse, 148, weak and thready. The pupils were dilated and did not react to light. The lips were parched and cyanotic; swallowing appeared difficult but there was no regurgitation of fluid through the nose when given a small amount of water with a drinking tube. There was some stiffness of the muscles of the neck, but I was unable to determine whether this was definite rigidity or merely resistance to my efforts to flex his head on his chest. His breathing was labored and of a peculiar character: it was not the labored breathing of embarrassed respiration due to fluid or cardiac insufficiency, but rather it gave the impression of being due to muscular insufficiency. The respiratory rate was 20. The abdomen was flat and flaccid; there was no tympanites, rigidity or guarding. He was unable to move his legs and could not cooperate in the examination. A superficial examination of the reflexes revealed: biceps, absent; patellar, absent; abdominal and cremasteric, absent. A leukocyte count made at this time showed 42,000 white cells with 97 per cent polymorphonuclears. The urine was dark, thick and acid, with a specific gravity of 1.030; albumin was 2 plus; it was negative for sugar. It was loaded with coarse and fine granular casts, from 250 to 300 per high power field. There were many leukocytes. Urine cultures on Endo's and litmus lactose plates showed no pathogenic bacteria. The boy died at 6 o'clock on

the morning of October 13, a few hours after I had first seen him. A necropsy was requested and permission granted.

A series of cultures both aerobic and anaerobic were made at autopsy; the spinal fluid, mesenteric glands and the intestinal contents were negative for pathologic change in the viscera.

Sections of the bear meat were so tough that they had to be soaked for twelve hours before the microtome knife could make satisfactory sections. When stained and examined, they were found to be loaded with Trichinella spiralis in the encysted stage.

A necropsy was performed at 2 p. m., October 13, by Dr. H. E. Ragle, Lieutenant Commander, Medical Corps, U. S. Navy, who made the following observations:

The body was well developed and fairly well nourished. The skin was clear and somewhat brown. There were no signs of edema. The teeth were good. The pupils were equal in middilatation. A Y-shaped incision was made at necropsy. The muscles were well developed. There was very little subcutaneous fat. The lungs were partially collapsed and free from pleural adhesions. The cut sections showed no edema, congestion or consolidation. There was no excess of pleural fluid in the pleural cavities. The pericardial sac contained 100 cc. of clear straw-colored fluid. The heart was normal in size; the musculature was good and the valves were normal. The right side was somewhat dilated by blood. There was no free fluid in the peritoneal cavity. The lower edge of the greater curvature of the stomach adhered to the posterior parietal peritoneum. Some adhesions were found between the gallbladder and the loops of duodenum and jejunum. There was no gas in the intestinal tract. The mucosa of the intestinal tract showed a marked hyperemia throughout. The entire chain of mesenteric glands were enlarged and red. The spleen was normal in size and slightly congested. The liver was normal in size; a cut section showed a fat necrosis. The pancreas was normal. The gallbladder was normal. The kidneys were slightly swollen. The capsules stripped fairly easily. A cut section showed an acute congestion. The markings were good. The urinary bladder was distended by rather dark urine. The suprarenals were normal. The prostate was normal. The spinal fluid, obtained by cistern puncture, was clear; a stained smear showed it to be free of organisms and excess cells. The calvarium was removed; the brain was somewhat edematous and the capillaries were engorged. The meninges were normal. On histopathologic section, the unencysted form of Trichinella spiralis was found throughout the pectoral muscles and the diaphragm.

Sections of the bear meat showed encysted Trichinella spiralis.

The anatomic diagnosis was: edema of the brain; fat necrosis of the liver; acute nephritis; acute enteritis with enlargement of the mesenteric lymph nodes, and intestinal adhesions (old).

The microscopic diagnosis of the pectoral muscles and of the diaphragm was trichinosis.

The rest of the patient's family were lightly infected, except one sister, Lorraine K. Their histories were briefly as follows:

CASE 2.—Mrs. K., aged 38, chewed only a small piece of the jerky, about September 23 or 24, and became ill, October 2, with headache, pain in the back and legs, and chills followed by fever, which rose quite high in the afternoon. She continued feeling bad, with fever in the afternoon and evenings and morning remissions, and severe pain in the gastrocnemii, but there was no nausea, vomiting, or diarrhea. When seen by me the evening of October 12, she had been sick ten days but was feeling much better, although quite weak, and was still having pain in her legs and back. The temperature was 99 F.; pulse, 80. Physical examination was negative except for sluggish biceps and patellar reflexes.

CASE 3.—Mr. K., aged 42, ate only two or three small pieces of jerky, September 20, and became ill on October 3, thirteen days after eating the meat. His eyes became bloodshot and "looked as though they were going to pop out of his head." He also had chills and fever and a moderately severe headache. There was no nausea, vomiting or diarrhea, but the patient said that he had daily swings of fever, feeling fine in the mornings and hot and flushed in the afternoons and evenings. October 11, the day before I saw him, he began to improve and stated that he felt fine. At no time had he had any muscular pains. October 16, the urine showed a trace of albumin, from 20 to 30 coarse granular casts per high power field, and many leukocytes. The same day he had an eosinophilia of 31 per cent.

CASE 4.—C. K., a girl, aged 15, developed a headache on October 8 and went to bed on the ninth. At first she stated that she had not eaten the bear meat but on close questioning admitted that on September 20 she had chewed a small piece, but after a few moments of chewing she did not swallow it. Since going to bed, October 9, she had had headaches, chills and a daily evening rise in temperature but at no time had there been any nausea and vomiting. When seen by me on the evening of October 12, three days after she went to bed, she was feeling tired and had pain in the thighs and the upper arms. The temperature was 101 F.; pulse, 92. Physical examination was negative except for sluggish biceps and patellar reflexes and tenderness to palpation over the muscles of her thighs and of the deltoid region. The urine showed no albumin or casts. October 15, she had an eosinophilia of 39 per cent.

CASE 5.—Lorraine K., aged 18 years, ate several pieces of bear jerky, September 20, but did not notice any symptoms until fourteen days later, October 4, when she went to bed with a headache, chills and fever. There was no nausea, vomiting or diarrhea. After the onset of the initial symptoms she began to have muscle pains throughout her whole body but especially in her legs, shoulders and back. When first seen, she was lying in bed acutely ill with a temperature of 104.6 F., a pulse rate of 120, and respiration 20. She said that she was unable to move her legs without severe pain. She had some dysphagia and complained of burning in her throat on swallowing. Her eyelids were edematous; subconjunctival hemorrhages rimmed the iris of each eye; the pupils reacted to light sluggishly. Questions had to be repeated; there appeared to be some deafness. She complained of some stiffness of the neck—Kernig's sign was positive. Her breathing was labored and of the same character as was that of her brother's; the accessory muscles of respiration were apparently functioning by voluntary effort. The lung fields were clear. The abdomen was flat, with no tenderness; there was some tenderness and swelling of the muscles of the left flank and there was a local elevation of temperature as compared with the corresponding side. Her ankles were thick, but there was some pitting edema over the dorsum of the feet and of the ankles. A superficial neurologic examination showed sluggish and weak deep reflexes; superficial reflexes were present but weak. Examination of the blood, October 12, revealed: white blood cells, 21,000; polymorphonuclears, 97 per cent; eosinophils, 1 per cent. The specific gravity of the urine was 1.028. The urine was cloudy and amber colored; it was acid and contained a few leukocytes and epithelial cells. Throat cultures showed a long chain streptococcus; stools were negative for ova and parasites. Cultures of the feces showed no pathogenic organisms. Blood cultures were negative. Laboratory examination, October 15 revealed: a trace of albumin in the urine; from 250 to 300 granular casts per high power field; white blood cells, 18,000; polymorphonuclears, 92 per cent; eosinophils, 2 per cent; lymphocytes, 5 per cent. October 16: white blood cells, 20,400; polymorphonuclears, 80 per cent; eosinophils, 12 per cent. Daily urine examinations were made and on October 22 albumin was negative, and there were no casts and only a few leukocytes. A stained catheterized specimen showed numerous B. coli. Urine cultures, October 23, showed a heavy growth of B. coli.

PROGRESS

Mr. K., Mrs. K. and C. K., in from seven to ten days, lost their fever and muscular pains and were allowed up and about the house. Lorraine K. had a rather stormy course; her temperature ranged from 96 F. to as high as 105.4 within four hours and her

pulse from 110 to 140 and on one occasion to 150 per minute. On one occasion, her temperature rose to 104.8; her flanks became distended and were exquisitely tender to the lightest palpation; this was considered to be an acute local myositis due to showering of worms into these muscles. Throughout the course of the illness the kidney complication coupled with cardiac embarrassment and fatigue caused the greatest concern. These, however, responded to careful nursing and systematic treatment. Because of the severity of her infection and resultant toxic manifestations it was found necessary to keep her circulation well supported and elimination active.

TREATMENT

There is no specific treatment for trichinous infection. These cases were all treated symptomatically. Lloyd K. was so toxic and dehydrated when I saw him that he died a few hours later. The other members of the family were given daily purges with magnesium sulphate; the urine was kept alkaline with sodium citrate in large doses, and after the severe symptoms incident to the stage of muscle invasion had passed, thymol in olive oil was given intramuscularly, from 0.13 to 0.3 Gm. a day for several days. During this period of treatment the urine was watched carefully, and, although occasionally granular casts were found, this was not considered a contraindication to treatment. In addition to this, thymol was given by mouth, 1 Gm. in a single dose repeated in twenty-four hours after a twenty-four hour fast and after a purge with saline solution. Although I have no accurate method of determining the rate or degree of improvement following the treatment, I use the eosinophilia in the differential blood count as an index of the degree of involvement and of the amount of improvement when compared with counts made before the treatment was instituted, but after the acute typhoid-like symptoms had subsided. When first seen, Lorraine K. was given 1,000 cc. of saline solution by hypodermoclysis to combat the evident dehydration, and then retention enemas of 500 cc. of warm tap water were given every four hours. When her temperature dropped to 96 and below, warm enemas of whisky and tincture of digitalis intramuscularly were given to combat collapse.

The toxic nephritis with from 200 to 300 granular casts per high power field was treated by alkalization with sodium citrate, intramuscular injections of calcium gluconate and tincture of digitalis intramuscularly for her failing circulation. Hot packs were used to relieve the acute pain of the myositis during the stage of dissemination and acetylsalicylic acid and codeine were given for pain, with occasionally 0.015 Gm. morphine sulphate when the acetylsalicylic acid and codeine failed to give relief.

COMMENT

On the evening of October 12, the problem confronting me resolved itself about the fact that all five members of a family had been taken acutely ill over a period of a week. The various members had been ill for from four to fourteen days, with a diagnosis of probable typhoid. The only possible common source of infection was some "jerky" bear meat of which they had all partaken in large or small amount. So far as could be determined, they had not all partaken of any other food which could be held under suspicion. On the strength of this and the clinical manifestations of a typhoid-like fever, accompanied by a soreness of the muscles, edema of the eyes, and sluggish or absent reflexes, a tentative diagnosis of trichinosis was made. It was decided that the diagnosis could be finally made only in the laboratory, so complete laboratory studies were instituted at once. The following morning at 6 o'clock one member of the family (Lloyd K.) died, and a necropsy was held, but a definite diagnosis was not established. Sections of the suspected "jerky" bear meat were run through that day and Trichinella spiralis was found in large numbers. The striking features of the clinical picture in these cases was the great prostration noted even in those who had eaten small amounts of the infected meat. All but one of the patients complained of muscular pains, only one had the characteristic edema of the eyelids, and only one had subconjunctival hemorrhages. During the early stages of the disease, when the typhoid-like symptoms were so prominent, there was a decided polymorphonuclear reaction; but as dissemination neared completion and encystment commenced, the characteristic eosinophilia began to appear and reached 39 per cent in one of the patients. Lloyd K., even a few hours before death, with a white count of 42,000, showed no eosinophilia.

This outbreak presented some unusual aspects from a public health standpoint. A bear is a large animal and "jerky" goes a long way. On close inquiry it was found that not less than twenty-five people in this immediate vicinity had eaten the jerky, and a large portion of it had been left at the scene of the hunt with residents of that district. In addition, one member of the party took his share home to a nearby large city and treated his friends, so that in all probably fifty or more people ate "jerky" from this trichinous bear before they could be notified through the state board of health that the meat was dangerously unfit for consumption.

SUMMARY

An outbreak of human trichiniasis with one death occurred following the ingestion of trichinous bear meat in the form of "jerky." The encysted trichinellae were found in sections made from the bear meat and also were recovered from muscular tissue of the diaphragm and pectorals at the necropsy of the patient who died of the effects of the disease. The outstanding clinical features of the case were the typhoid-like symptoms, chills and fever, a high leukocyte count with marked polymorphonuclear reaction during the height of the disease, the absence of muscular pain in one of the five patients, edema of the eyes in only two of the five, and the occurrence of the characteristic eosinophilia only during the period of convalescence.

The Scope of Clinical Medicine.—Pope has said that the "proper study of mankind is man," and even though the clinician has science, art and craftsmanship, unless he is intensely interested in human beings he is not likely to be a good doctor. At bottom, we all have many qualities in common, and these fundamental properties can be observed with somewhat less effort on our part in the clientele of a hospital, than in those members of society who are more deeply imbued with the "herd instinct," as Trotter calls it, or are protected by inherited conventionalities of thought and conduct. If we turn our attention for an instant from the study of the abnormal organ or pathology to the study of the morbid patient as a whole, the scope of clinical medicine widens and takes on a character that differentiates it from all other arts and sciences.—Longcope, W. T.: Methods and Medicine, *Bull. Johns Hopkins Hosp.* **50**:4 (Jan.) 1932.

Clinical Notes, Suggestions and New Instruments

EPISCLERITIS DUE TO ALLERGY

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After a careful search for the etiology of episcleritis by the most thorough investigators,[1] we have concluded that many cases must be reported as "cause unknown." The fact that a specific hypersensitiveness might often be the etiologic factor in patients suffering from episcleritis of the so-called idiopathic type was suggested by the following case.

REPORT OF CASE

F. S., a physician, aged 37, said that for ten or twelve years he had suffered every five or six months from eye symptoms characterized by a fairly sudden onset of photophobia, lacrimation and painful eyeballs. The duration of the attacks was from seven to fourteen days. We have never seen him with symptoms. However, he reports that while in school in the East he was studied by a number of ophthalmologists, all of whom made the same diagnosis; namely, episcleritis of unknown origin. His practice of medicine has been seriously interfered with during the last five years, as for at least thirty days out of the year the severity of symptoms would necessitate his discontinuance of work. Between the attacks he has never had eye symptoms except during the early fall of the year, at which time he has suffered from seasonal hay fever.

He was first seen by us in 1927, at which time he gave a history of seasonal hay fever of twelve years' duration and an occasional attack of urticaria. At this time we were not testing seasonal hay fever patients in a routine manner with food allergens. He was found sensitive to the following pollens:

Giant ragweed	+++	Spiny amaranth	++
Short ragweed	++++	Western water hemp	+++
Western ragweed	++		

Preseason pollen therapy was instituted, both the ragweed and the pigweed group being employed, with only fair results. He was again desensitized in 1928, the same pollen antigens being used, with fair results. The following year he came in for general rechecking, at which time he was tested with pollens, animal epithelia, dusts of all kinds, and foods. He was found sensitive to the following:

Giant ragweed	++++	Lima bean	+++
Short ragweed	+++	Buckwheat	++
Western ragweed	+++	Pecan	++
Spiny amaranth	+++	Strawberry	++
Western water hemp	+++	Lettuce	+++
Pyrethrum	++	Celery	+++
Duck feathers	++	Watermelon	+++
Goose feathers	++++	Navy bean	+++
Chicken feathers	++	Cucumber	++
		Sweet potato	++

Hay fever treatment was again instituted, the same pollen groups that were previously used being employed. He was also carefully advised concerning the possibility of feathers as a secondary factor in seasonal hay fever. Foods to which he was specifically sensitive were removed from the diet. The result of pollen therapy this season was nearly 100 per cent.

The part of the history in which we are chiefly interested just now is the fact that during the past year he has not suffered recurrent attacks of episcleritis except on one occasion, about two weeks following the time he was advised concerning his diet, when he deliberately ate some of the foods to which he is specifically sensitive.

We have insisted that he again eat the foods which we advised to be removed from his diet, to see whether symptoms of episcleritis would recur, but he reported: "There has been no return of the episcleritis which has dealt me so much misery during the last ten years. I am convinced it was due to food allergy and do not want to run the risk of having another attack."

COMMENT

The case we have just reported is typical of the type that May[1] describes as periodic transient episcleritis. The patient had been studied by a number of competent ophthalmologists and internists, and there was no disagreement about the diagnosis of the chain of symptoms with which he suffered. The internists were unable to find any possible foci of infection that might produce his trouble. In a survey of the literature, allergy is not mentioned as one of the possible causes of episcleritis. In our patient no change was made in his routine life except that his feather pillows were covered with rubberized sheeting, and the foods to which he was specifically sensitive were removed from his diet, with the result that he has been free from symptoms for over a year, except on one occasion when he deliberately partook of foods to which he is specifically sensitive.

The fact that a patient with episcleritis has not suffered or does not suffer from some well recognized allergic syndrome, such as hay fever or hives, as our patient did, by no means rules out the possibility of allergy as an etiologic factor. It is a well recognized fact that one may become specifically sensitive to foods or other substances and the manifestation of sensitivity occur in only one tissue of the body; for example, the brain, the skin or the nasal, bronchial, intestinal or bladder mucosa. In discussing this case and the subject of episcleritis in general, Dr. Edward Jackson[2] of Denver said that his study of episcleritis during the last decade has impressed him with the possibility of allergy as an etiologic factor, but that he had never had an opportunity to study any case from an allergic standpoint.

On the basis of the data given, it seemed justifiable to suspect an allergic factor in the etiology of the symptoms of episcleritis with which our patient suffered.

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1. May, C. H.: Manual of the Diseases of the Eye, ed. 7, New York, William Wood & Co., 1911, p. 135. Fuchs, Ernst: Textbook of Ophthalmology, ed. 7, Philadelphia, J. B. Lippincott Company, 1923, p. 608. Fox, L. W.: A Practical Treatise on Ophthalmology, New York, D. Appleton & Co., 1920, p. 237.

Special Articles

CLINICAL FEATURES OF VITAMIN A DEFICIENCY

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[EDITORIAL NOTE.—The following article is one of a series on the Present Status of the Knowledge of Vitamins, prepared under the auspices of a committee composed of Morris Fishbein, chairman, Lafayette B. Mendel and Julius Hess, representing a joint committee of the Council on Pharmacy and Chemistry and the Committee on Foods. These articles have been considered by the Council on Pharmacy and Chemistry and by the Committee on Foods and are published under their auspices. The opinions expressed are those of the authors and not necessarily the opinions of the Council on Pharmacy and Chemistry or the Committee on Foods.]

The peculiar curative virtues of certain foods have been recorded at isolated periods since ancient times. Some of these observations are strikingly accurate and prophetic. Today, from the standpoint both of human experience and of laboratory research, it has been definitely proved that a natural food supply furnishes, and normal nutrition requires, other substances in addition to proteins, fats, carbohydrates, water and salts. Present knowledge concerning these accessory food factors, or vitamins, is rather the product of development than of any isolated discovery, and much of this development antedates the introduction of the word "vitamin." It is almost exclusively within the last quarter of a century that experimental investigation, to which American scientists have made numerous and valuable contributions, has, in addition to making

2. Jackson, Edward: Personal communication to the author. From the Division of Medicine, the Mayo Clinic.

fundamental discoveries, explained the rationale of such historic dietotherapeutic procedures, as, for example, the use of fresh vegetables and citrus fruits in the treatment of scurvy and of cod liver oil in rickets, the feeding of liver in night blindness, and the substitution of barley for polished rice in beriberi.

The conception of the fat-soluble vitamin A arose from the failure of McCollum and Davis [1] and of Osborne and Mendel [2] to secure normal growth of experimental animals for a long period of time on purified foods furnishing adequate proteins, fats, carbohydrates and salts, whereas the conception of the presence in certain foods of the water-soluble vitamins B and C developed primarily from observations on disease.

Until recently the versatility of vitamin A has apparently not been appreciated. A remarkably increasing literature in the last year or two attests its growing importance in the chemistry of food and nutrition, not only in the prevention and cure of certain ailments of man but, when supplied in liberal proportion, in the maintenance of a satisfactory state of nutrition and a high degree of health and vigor, both in the growing child and in the adult.

HISTORICAL SUMMARY

The most readily appreciated clinical symptoms of vitamin A deficiency have to do with changes occurring in the eyes. It has been known for centuries that some relationship between ocular conditions and states of malnutrition existed. Hippocrates is quoted as advocating an abundance of liver, or liver and honey, in cases of night blindness, and such treatment is recognized as scientifically correct today in cases of hemeralopia (night blindness) on a nutritive basis.

McCollum and Simmonds [3] stated that Livingstone, in 1857, describing the hardships endured in his explorations in Africa, related that his party while suffering from exposure to the weather lived for a time on sugarless coffee, manioc roots and meal, and reported that "the eyes became affected (as in the case of animals fed, on experiment, on pure gluten or starch)." Unfortunately, the experiments referred to have not been found described. On the continent of South America, Gama Lobo,[4] in 1865, described a disease of the eyes among the poorly nourished slaves on the coffee plantations of Brazil. This was the so-called ophthalmia Brasiliana, and seventeen years later his fellow countryman de Gouvêa [5] gave a description of the real picture in xerosis of the conjunctiva, hemeralopia, and destruction of the cornea in nutritional disease. Bitôt,[6] in 1863, had recognized the clinical relationship between xerosis of the conjunctiva and certain kinds of night blindness of human beings, and first described the former condition. Endemic night blindness among orthodox Russians during lenten fasts was described (1887). During such periods, starvation among adults was common, and it was observed that nurslings whose mothers practiced long religious fasts not uncommonly had spontaneous sloughing of the cornea.

Among the first descriptions of nutritional keratomalacia in the United States were those of Little,[7] Weeks [8] and Kollock.[9] The most extensive early report of a large series of such cases came from still another continent, Asia, with the description by Mori [10] of 1,400 cases of xerophthalmia among children in Japan, a syndrome known as "hikan."

It is rather interesting that there were few accurate early descriptions of such diseases in Europe, but the unique experiences which have occurred in Denmark within the last two decades, chiefly those of Bloch [11] and Blegvad,[12] have been outstanding in producing clinical data to correlate with the extremely numerous and accurate experimental data which have been collected during this same period. It was shortly after the beginning of their studies that Osborne and Mendel, and McCollum and Davis, showed experimentally that young animals fed on food mixtures alike in all other respects would continue to grow and thrive or would soon cease growing and shortly thereafter sicken and die, according as the fat in these mixtures was butter fat, cod liver oil, egg yolk or lard.

In 1919, Bloch unwittingly performed a human experiment corresponding exactly to feeding experiments on animals, by dividing into two groups thirty-two healthy children, from 1 to 4 years of age, in an institution in Copenhagen, one group receiving whole milk and the other fat or vegetable fat in margarine. In eight cases among those on the vegetable-fat diets, xerosis developed and was subsequently relieved by cod liver oil, whereas in the group given whole milk no disturbance developed. This close correlation was further demonstrated in Denmark during and after the war, for, as Widmark [13] has shown, the number of cases of xerophthalmia in that country (from 1914 to 1920) was inversely proportional to the amount of butter fat consumed by the people.

THE NATURE, PHYSIOLOGY AND SOURCES OF VITAMIN A

Investigations based on Steenbock's [14] discovery in 1919 that among the vegetable foods the distribution of vitamin A is associated in a remarkable way with yellow pigmentation have borne much fruit. The yellow pigment carotene is apparently the plant source of the vitamin A of animal tissue. In fact, biologic tests alone, according to the work of Capper, McKibbin and Prentice,[15] cannot distinguish between carotene and vitamin A, and it would seem probable that this vitamin is a product of conversion by animals and ultimately owes its origin entirely to carotene. The physiologic potency of pure carotene has been shown by various investigators to be as striking as that of other known vitamins. The latest evidence [16] indicates that carotene

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2. Osborne, T. B., and Mendel, L. B.: The Relation of Growth to the Chemical Constituents of the Diet, J. Biol. Chem. **15:** 311-326, 1913; The Influence of Butter-Fat on Growth, ibid. **18:** 423-437, 1913-1914.
3. McCollum, E. V., and Simmonds, Nina: The Newer Knowledge of Nutrition, ed. 4, New York, Macmillan Company, 1929.
4. Lobo, Gama, quoted by Pillat (footnote 25, second reference).
5. de Gouvea, H.: Beiträge zur Kenntniss der Hemeralopie und Xerophthalmie aus Ernährungsstörungen, Arch. f. Ophth. **29:** 167-200, 1883.
6. Bitôt, quoted by Blegvad (footnote 58).
7. Little, W. S.: Keratomalacie (Sphacelus), with a Case, Philadelphia M. Times **12:** 490-492, 1881-1882.
8. Weeks, J. E.: Xerosis Conjunctivae, bei Säuglingen und Kindern, Arch. f. Augenh. **17:** 193-202, 1886-1887.
9. Kollock, C. W.: A Form of Xerosis, Ophth. Rev. **9:** 249-251 (Sept.) 1890; Further Observations on the Eye of the Negro, Ophth. Rec. **4:** 15-18 (July) 1894.
10. Mori, M.: Ueber den sogenannten Hikan (Xerosis conjunctiva infantum ev. Keratomalacie), Jahrb. f. Kinderh. **59:** 175-195, 1904.
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12. Blegvad, Olaf: Xerophthalmia, Keratomalacia and Exerosis Conjunctivae, Am. J. Ophth. **7:** 89-112 (Feb.) 1924.
13. Widmark, E.: Vitamin-A Deficiency in Denmark and Its Results, Lancet **1:** 1206-1209 (June 14) 1924.
14. Steenbock, Harry: White Corn vs. Yellow Corn, and a Probable Relation Between the Fat-Soluble Vitamin and Yellow Plant Pigments, Science **50:** 352-353 (Oct. 10) 1919.
15. Capper, N. S.; McKibbin, Isobel M. W., and Prentice, J. H.: Carotene and Vitamin A: The Conversion of Carotene into Vitamin A by Fowl, Biochem. J. **25:** 265-274, 1931.
16. Moore, Thomas: Vitamin A and Carotene: Distribution of Vitamin A and Carotene in the Body of the Rat, Biochem. J. **25:** 274, 1931. Olcott, H. S., and McCann, D. C.: Transformation of Carotene to Vitamin A in Vitro, Science, new series, **74:** 414 (Oct. 23) 1931.

is apparently unchanged in the bowel and is converted by hepatic enzymatic activity into vitamin A; the latter, a colorless product, is stored chiefly in the liver. This organ also undoubtedly plays an important part in the regulation of the concentration of the vitamin throughout the remainder of the body. Because of the very small amounts of carotene which will overcome vitamin A deficiency in the rat, it has been assumed that the vitamin may act chemically as a catalyst, but nothing is known of the mechanism of the physiologic action of the substance. The functions of vitamin A have been variously stated as growth promoting, infection resisting and antixerophthalmic, although it has been denied by some that this vitamin has any of these functions. The high vitamin A content of mother's breast milk has been determined by Macy, Outhouse, Graham and Long,[17] and is of tremendous importance to the nursling. It has been shown by Jennie Rowntree[18] that there is no alimentary vitaminuria in infants and young children following generous allowances of vitamin A in the diet. Establishment of this fact seems to signify that the limit of the capacity to store vitamin A is not easily reached. Loss of vitamin A in the feces is variable and occurs independent of the intake, according to Rowntree's investigations.

The usual food sources of vitamin A are milk, butter, eggs and green vegetables. As these are representative of the more expensive foods, their consumption is frequently inadequate among the poor, especially during periods of economic depression, war, famine or drought. Lard, vegetable fats and oils, as a general rule, do not contain vitamin A. On the other hand, certain animal oils, for example, cod liver oil, and probably halibut liver oil, are very rich in it. The vitamin A content of these products is dependent on the diet of the animal and is influenced by the reserve store in the body. Carrots, the yellow tissue of pumpkin, tomatoes, sweet potatoes and green dried peas also contain appreciable amounts of carotene. Cereals and muscle tissue are poor in it. Sherman and Smith[19] have tabulated the results of various investigators as regards the vitamin A content of typical foods from a wide biologic range of sources.

DISEASE AND PATHOLOGIC CHANGES AS A RESULT OF VITAMIN A DEFICIENCY

It may be said at the outset that the most familiar form of vitamin A deficiency, xerophthalmia, both of infants and of adults, especially the latter, is extremely rare in the United States. There is good reason to believe that the ordinary food supplies of the major portion of the population of this country furnish enough of this accessory food factor so that there is no tangible evidence of a lack of it. States of vitamin A deficiency are less frequently observed in adults than in infants and young children because the storage of vitamin is greater in adults and there is no demand on storage depots for purposes of growth. Moreover, the adult instinctively looks for nourishment containing this vitamin. It is likely, however, that certain individuals, the poor in particular, do not consume enough foods that contain vitamin A and vitamin G to insure a state of nutrition essential to the greatest physical stamina, efficiency and ability to resist infectious diseases. As a result of the rarity of vitamin A deficiency disease in man, few clinical and pathologic observations have been made. This is in contrast to the numerous and exhaustive studies on experimental animals. The incidence of rachitic, pellagrous and scorbutic forms of avitaminosis is undoubtedly much greater than of those frank forms of avitaminosis due to vitamin A deficiency. The inadequate dietary of a nation like China or India, and the vicissitudes of war, famine, flood, drought and poverty in any country have, from time to time, made possible valuable clinical observations relative to states of vitamin A deficiency in man, which have, in the main, been corroborative of the results of experimentation on animals.

Previous to the differentiation of vitamins A and D from each other by McCollum and his co-workers[20] in 1922, many of the abnormalities reported following clinical observations and experimental studies, thought to be solely due to vitamin A deficiency, were really due to a deficiency either of vitamin A or D, or of both. Fortunately the factor of vitamin D deficiency was eventually shown to play only a secondary part in the diseases we are to consider.

Vitamin A deficiency disease may result from reduction of adequate intake of this vitamin, as the available food supply may be poor in it; from deficient absorption and storage as the result of intestinal or hepatic derangement or disease, or from an increased demand for, and consumption of, the vitamin; for example, during periods of rapid growth or of disease, especially severe infectious diseases, when the basal metabolic function may be greatly enhanced. These features may explain the development of avitaminosis in the presence of an apparently adequate supply of the vitamin.

In the light of present knowledge concerning the diseases and pathologic processes engendered through deficiency of vitamin A, it is essential that a broad view of the subject be taken and not, as in the past, that attention be concentrated chiefly on changes in the ocular organs. It is appropriate at this time to emphasize the fact that it is doubtful whether deficiency disease in man, with the possible exception of scurvy, ever occurs uncomplicated, for symptoms of uncomplicated deficiency disease in the animal occur only following a regimen of carefully planned experimental diets. This aspect of the subject is a plausible explanation for the controversy that still exists over certain clinical and pathologic phenomena in states of vitamin A deficiency.

The physician may gain a fairly clear conception of how vitamin A deficiency manifests itself clinically and pathologically in man by realizing that such deficiency affects epithelial tissues in a specific manner. The pathologic investigations of Wolbach and Howe,[21] subsequently confirmed by various other investigators, show that there is a substitution of stratified keratinizing epithelium for normal epithelium in various parts of the respiratory, alimentary and genito-urinary tracts, in the eyes and in the para-ocular glands; or, in brief, metaplasia of the greater part of the ectodermal leaf of the body. Such changes may be followed by infection in the various organs or tissues. Thus, the maintenance of intact, healthy epithelial membranes, which constitutes the first line of defense against bacterial

17. Macy, Icie G.; Outhouse, Julia; Graham, Alice; and Long, M. Louisa: Human Milk Studies: II. The Quantitative Estimation of Vitamin A, J. Biol. Chem. **73**: 175-188 (May) 1927.

18. Rowntree, Jennie L.: A Study of the Absorption and Retention of Vitamin A in Young Children, J. Nutrition **3**: 265-287 (Nov.) 1930.

19. Sherman, H. C., and Smith, S. L.: The Vitamins, ed. 2, New York, Chemical Catalog Company, 1931.

20. McCollum, E. V.; Simmonds, Nina; Becker, J. Ernestine; and Shipley, P. G.: An Experimental Demonstration of the Existence of a Vitamin Which Promotes Calcium Deposition, Bull. Johns Hopkins Hosp. **33**: 229 (June) 1922.

21. Wolbach, S. B., and Howe, P. R.: Tissue Changes Following Deprivation of Fat-Soluble A Vitamin, J. Exper. Med. **42**: 753-777 (Dec.) 1925.

invasion, is a prophylactic function of this vitamin of the first importance.

EYES

It has been widely considered until recently that the eye was the only organ affected in vitamin A deficiency. The effects on the eye result in two types of changes: (1) hemeralopia, or night blindness, and (2) xerophthalmia, xerosis or keratomalacia, all of which have to do with changes in the epithelium of the eyeball and para-ocular glands.

Night Blindness.—Night blindness may be defined as difficulty or inability to adapt the faculty of vision to very faint illumination, and it may result from intra-ocular as well as from deficiency diseases. In the latter type, it is generally presumed that the hemeralopia is of the so-called essential type and that it depends on disturbance in the visual purple metabolism of the retinal rod cells, and changes in the ocular fundi are absent. Under ordinary circumstances of bright light, visual purple is bleached, but it is also being constantly regenerated. Experimental evidence indicates that there is a close relationship between vitamin A and the visual purple, since, as Fridericia and Holm [22] have shown, there is delay or failure in regeneration of visual purple in animals deprived of vitamin A. In addition, the high vitamin A content of the hog's retina has been demonstrated by Yudkin, Kriss and Smith,[23] so that it is possible that in the retina there may occur a reversible reaction, vitamin A being required for the production of visual purple and the latter, under suitable conditions, producing vitamin A. It is obvious that the manifestation of night blindness will occur chiefly after exposure of the patient to bright light, and it is in this way that the supply of visual purple is depleted in amount, and ample regeneration cannot occur. This was convincingly demonstrated by Aykroyd,[24] who found that after prolonged exposure to brilliant sunlight, with apparent rapid exhaustion of the visual purple, several cases of night blindness were first manifested. Night blindness may occur in association with other ocular lesions accompanying vitamin A deficiency.

Xerophthalmic Changes.—Pillat,[25] whose extensive observations in China on the ocular changes in vitamin A deficiency of adults have given him an unparalleled experience, divides the symptoms of these changes into the following groups: (1) night blindness, (2) xerosis epithelialis conjunctivae, (3) xerosis epithelialis corneae, (4) keratomalacia, (5) pigmentation of the cornea, (6) meibomitis, (7) blepharitis and hordeolum, (8) decrease of tear fluid, (9) edema and puffiness of the lids, and (10) comedones. Xerosis, or dryness of the conjunctiva, Pillat considers to be the usual second stage of vitamin A deficiency. It manifests itself in four forms: Bitôt's spots, irregular xerosis, loss of luster, and wrinkling of the bulbar conjunctiva. Of these, Bitôt's spots, consisting or triangular white spots appearing like dense foam of soap in the palpebral fissure, with the base at the limbus, are perhaps best known and are produced by hyalinization and degeneration of the upper conjunctival layers, with exfoliation. Xerosis of the cornea is the next stage, and almost always coexists with conjunctival xerosis. Associated inactivity of the para-ocular glands, with lessened secretion of tears, frequently accompanies these changes.

Pillat considered keratomalacia the last stage of vitamin A deficiency in the eyes of adults. When corneal softening occurs, infection begins, distorting the primary picture and resulting in severe complications which frequently lead to complete or partial blindness.

Conjunctival pigmentation is one of the most characteristic changes, as described by Pillat, Wright [26] and Mori. The pigment is light brown and probably melanotic, and may have the appearance of intensive argyrosis. John [27] has demonstrated that the sensibility of the cornea, in advanced stages of the condition, is reduced to a high degree, for instance up to 100 times, whereas the conjunctival sensibility is much less reduced, and such insensibility may remain months after disappearance of the local ocular condition. He believes that there is evidence of a lesion of the central nervous system in these deficiency diseases.

The ultimate result of vitamin A deficiency has not been settled, but Bloch [28] presented material which he studied over a considerable number of years, and he considered that "The death rate among children is considerable after their recovery from xerophthalmia; hardly two thirds of these children reach the age of 8 years. After this their development goes on normally." The deficiency leaves no characteristic defects unless impairment of vision, or blindness, persists.

THE RESPIRATORY TRACT

The high susceptibility to infection of the respiratory organs of the rat and other experimental animals when deprived of an adequate amount of vitamin A seems to be borne out in man. Of eighty-six children with xerophthalmia, Bloch noted the presence of pneumonia in fifteen and bronchitis in twelve. Nasal and tracheobronchial catarrh was prevalent also. All the pulmonary complications were severe, and there was no improvement or cure until a sufficient intake of vitamin A was provided. In two of the four cases of nutritional keratomalacia in infants, reported by Ross,[29] bronchopneumonia was the immediate cause of death. Pillat observed that children usually succumb to the general disease on account of diarrhea and bronchopneumonia before the ocular symptoms become as distinct as in adults. To an inadequacy of vitamin A in the human dietary, McCarrison [30] has attributed the high incidence of infection of the nose and accessory sinuses, including otitis media, and of the upper respiratory passages and lung, because of the prevalence of these diseases in albino rats when their diet is also inadequate in this vitamin. Wilson and DuBois' [31] pathologic studies of a fatal case of nutritional keratomalacia in an infant 5 months of age revealed extensive keratinization of the bronchial epithelium in many places, bronchiectatic cavities and abscesses. There was also extensive

22. Fridericia, L. S., and Holm, E.: Experimental Contribution to the Study of the Relation Between Night Blindness and Malnutrition: Influence of Deficiency of Fat-Soluble A Vitamin in Diet on Visual Purple in Eyes of Rats, Am. J. Physiol. **73:** 63-78 (June) 1925.

23. Yudkin, A. M.; Kriss, Max; and Smith, A. H.: Vitamin A Potency of Retinal Tissue, Am. J. Physiol. **97:** 611-625 (July) 1931.

24. Aykroyd, W. R.: Night-Blindness Due to Vitamin Deficiency, Tr. Ophth. Soc. U. Kingdom **50:** 230-237, 1930.

25. Pillat, Arnold: The Main Symptoms of the Eye in Vitamin A Deficiency in Adults, Nat. M. J. China **15:** 614-620 (Oct.) 1929; Does Keratomalacia Exist in Adults? Arch. Ophth. **2:** 286-287 (Sept.), 393-413 (Oct.) 1929.

26. Wright, R. E.: Keratomalacia in Southern India, Brit. J. Ophth. **6:** 164-175 (April) 1922.

27. John, I.: Disturbances of Sensibility of the Cornea and Conjunctiva in Xerosis and Keratomalacia of Adults, with Contribution to Explanation of Genesis of These Diseases, Arch. Ophth. **5:** 374-391 (March) 1931.

28. Bloch, C. E.: Effects of Deficiency in Vitamins in Infancy, Am. J. Dis. Child. **42:** 263-278 (Aug.) 1931.

29. Ross, S. G.: Nutritional Keratomalacia in Infants, with Report of Four Cases, Am. J. Dis. Child. **22:** 232-243 (Sept.) 1921.

30. McCarrison, Robert: Some Surgical Aspects of Faulty Nutrition, Lancet **1:** 1151-1154 (May 23) 1931.

31. Wilson, J. R., and DuBois, R. O.: Report of a Fatal Case of Keratomalacia in an Infant, with Postmortem Examination, Am. J. Dis. Child. **26:** 431-446 (Nov.) 1923.

peribronchitis and interstitial emphysema. In both the trachea and the larynx was some stratified squamous epithelium, in which there was a slight degree of cornification. Hume and Smith [32] and others feel that partial deficiency of vitamin A is not uncommon and that a condition of latent deficiency results, in which the individual is liable to infectious invasion of the mucous membranes, more particularly those of the respiratory passages. Herbert,[33] in India, mentioned changes in the mucous membrane of the mouth and larynx, causing hoarseness, nasal catarrh and bronchitis. The familiar chronic diarrhea and a characteristic rise in temperature, features which Pillat stressed, are also noted.

THE ALIMENTARY TRACT

The extent to which the alimentary tract may be involved in vitamin A deficiency is at present conjectural, owing to the dearth of trustworthy clinical observations and material for histopathologic study. In Wilson and DuBois' case, no noteworthy abnormality was found in the stomach, pylorus, duodenum, ileum or colon. In the pancreas, however, there were marked changes. There were numerous epithelial-lined cystlike cavities, which apparently were dilated acini. There were also marked inflammatory and fibrotic processes throughout the gland. Various writers have recorded the frequency of diarrhea in both children and adults who were suffering from this form of avitaminosis. Pillat expressed the belief that such diarrhea has its origin in a simultaneous degenerative disease of the intestinal mucous membrane similar to the diarrhea accompanying severe mehlnährschäden, as noted in Germany and Austria. The high incidence of intestinal disease in monkeys subjected to a shortage of vitamin A, according to Tilden and Miller [34] and McCarrison, the atony, changes in haustral marking and increase in the length of the colon of man during periods of malnutrition, as reported by Graham and Fletcher,[35] and the frequent striking therapeutic effect of a high vitamin diet in the latter instance and in ulcerative colitis would argue for a causative relationship between intestinal dysfunction and disease and avitaminosis. To what extent a deficiency of vitamin A in man plays a primary or exclusive part remains to be determined, for lack of other vitamins, especially C and G, is known to cause pathologic changes in the gastro-intestinal mucous membrane. Fehr [36] has observed that keratomalacia develops with essential atrophy of the intestinal tract. McCarrison noted that gastric and duodenal ulcers were very common in southern India. He was able to reproduce very small gastric ulcers in two groups of albino rats on diets resembling in deficiency in vitamins A, B and C and in other respects that of two of the poorer classes of the population. In one group he also noted changes characteristic of duodenitis. To what extent vitamin A played a part, if any, again remains to be determined. The inability to produce actual duodenal ulcers in any of the experimental animals seems disconcerting, for 90 per cent of all peptic ulcers in man are duodenal. These results argue for conservatism in drawing conclusions, at least so far as the causal relationship between any particular phase of avitaminosis and duodenal ulcer is concerned.

On the other hand, disease of the liver or pancreas, when associated with impaired digestion and assimilation of fat, may provoke nutritional keratomalacia. Bloch has noted reports of such cases in the older literature. Blegvad recently has observed xerophthalmia in a case in which carcinoma of the liver occluded the common bile duct. Wright has noted a similar case. Pillat believes that severe infectious intestinal disease, such as typhoid and dysentery, may act as an exhaustive factor, and may lead, indirectly, to the outbreak of keratomalacia in adults, as it does in children.

THE GENITO-URINARY TRACT

The strikingly high incidence of urinary calculi and deposits of calcium in the experimental animal deprived of an adequate supply of vitamin A may have its counterpart in man, but observations on the latter are conspicuous by their absence. Research bearing on the changes in the epithelial tissues of the reproductive organs of experimental animals of both sexes and on their deleterious influence on the function of reproduction, likewise, has not as yet been substantiated in man. Therefore no conclusions can be drawn at present concerning the formation of urinary calculi and the influence on reproduction in the human being. In Wilson and DuBois' case, keratinization of the epithelium of the renal pelvis was found. The uterine epithelium of the fundus was nearly replaced by stratified squamous epithelium, and where so replaced the uterine glands were absent. Bloch noted complicating pyelitis in eighty-six cases of keratomalacia in children. Herbert reported an increase of epithelial cells in the urine, and Spence [37] made similar observations in seventeen cases of nutritional xerophthalmia and night blindness. The possible part played by vitamin deficiency in its relation to puerperal sepsis will be considered presently.

CUTANEOUS SYSTEM

Pigmentation of the conjunctiva in xerophthalmia and xerosis conjunctivae, apparently confined to the dark-skinned races, has been reported by Herbert, by Wright, and by Pillat and King.[38] Chou [39] stated that it is the earliest sign of xerophthalmia. As the condition of the conjunctiva improves, much of the pigment disappears, but some of it remains permanently. This pigmentation is the result of an increased amount of melanin normally present in the basal epithelium, and, according to Collins,[40] is also present in the more superficial, even in the keratinized, layers.

Bloch and others have called attention to the dry, scaly, shriveled condition of the skin among infants affected with this disease. Pillat maintained that, apart from the eye, the skin undergoes the most marked and extensive change of all. In this, the sebaceous and sweat glands, hair and nails participate. He, and Frazier and his associates,[41] detailed these various changes. The latter investigators characterized them as xerosis and hyperpigmentation, and in some, ulcerative lesions and pustulation developed. In the group

32. Hume, E. M., and Smith, H. H.: The Value of Foodstuffs for Vitamin A, Lancet **2**: 1362-1363 (Dec. 20) 1930.
33. Herbert, quoted by Bloch and by Pillat.
34. Tilden, E. B., and Miller, E. G., Jr., quoted by Sherman and Smith (footnote 19).
35. Graham, Duncan; and Fletcher, A. A.: The Large Bowel in Chronic Arthritis, Tr. A. Am. Physicians **44**: 231-235, 1929.
36. Fehr, Emil: Lehrbuch der Kinderheilkunde, ed. 6, 1920, p. 240.
37. Spence, J. C.: A Clinical Study of Nutritional Xerophthalmia and Night-Blindness, Arch. Dis. Childhood **6**: 17-26 (Feb.) 1931.
38. Pillat, Arnold; and King, Gordon: An Inquiry into the Origin of the Abnormal Pigmentation of the Skin and Conjunctiva in Cases of Keratomalacia in Adults, Brit. J. Ophth. **13**: 506-512 (Oct.) 1929.
39. Chou, C. H.: The Effect of Vitamin Deficiency on Light Sense in Cases of Xerosis and Pigmentation of the Conjunctiva, Nat. M. J. China **16**: 365-369 (Aug.) 1930.
40. Collins, E. T.: The Harderian Gland; Xerophthalmia; Vitamin A Deficiency; Keratomalacia, Tr. Ophth. Soc. U. Kingdom **50**: 201-230, 1930.
41. Frazier, C. N., and Hu, Ch'uan-K'uei: Cutaneous Lesions Associated with a Deficiency in Vitamin A in Man, Arch. Int. Med. **48**: 507-514 (Sept.) 1931.

reported by Frazier and his associates, mostly observed in adult Chinese soldiers, the cutaneous changes developed even before xerophthalmia was apparent, and there was no clinical evidence of beriberi, scurvy or pellagra. Curiously enough, the cutaneous lesions were essentially identical to those of the series of cases of scurvy described by Nocolaŭ,[42] Wilshire[43] and others. Frazier, however, attributed the cutaneous changes to vitamin A deficiency. Furunculosis, coming in the category of pustulation or pyodermia, one of the common sequelae of cutaneous changes in xerophthalmia, was noted by Bloch, Ross, Spence and others.

HEMATOPOIETIC SYSTEM

Berglund, Keefer and Yang[44] described a form of secondary anemia which they considered to be associated with deficiency in the fat-soluble food factor. They made the reservation, however, that other factors seem to be necessary to bring the anemia into existence. In their series of cases, administration of cod liver oil caused a rise in the reticulocyte count of from 1 to 30 per cent. Other observations have been made by Keefer and Yang,[45] Pillat, and Pillat and Yang,[46] who have also stressed factors other than actual vitamin deficiency itself as the cause of the anemia so frequently observed. John[46a] did not find any change in the velocity of sedimentation of erythrocytes in this deficiency disease that was not due to other associated conditions. Sure, Kik and Walker[47] were unable to substantiate the observations of Koessler and his co-workers[48] that there is a relation between vitamin A deficiency and pernicious anemia.

CENTRAL NERVOUS SYSTEM

Until recently, vitamin B and possibly G were the only vitamins held to play any important part in maintaining a healthy condition of the nerves. Nothing has been known clinically, up to the present time, of the involvement of the nerves in vitamin A deficiency.

The experimental researches of Mellanby[49] have shown that diets containing a large amount of cereals, and deficient in vitamin A or carotene, when fed to young puppies caused degeneration of the spinal cord in the form of demyelination of the nerve fibers. Moreover, it was definitely established experimentally that the effect of the neurotoxin of ergot and cereals is neutralized by this vitamin. These results have a possible bearing on convulsive ergotism, lathyrism, pellagra and the subacute, combined degeneration of pernicious anemia, tabes dorsalis and disseminated sclerosis. In a communication on pellagra, Eusterman and O'Leary[50] have shown that this disease, for various reasons, may be constantly in our presence and that it has a universal distribution. Therefore the part that vitamin A deficiency plays, as regards lesions of nerves, and the causative relationship of the toxic element in maize and cereal to pellagra might be determined by clinical investigation. John has noted that in vitamin A deficiency the patients are mentally numb and apathetic. Bloch has commented on the fact that children are indolent in the first stages and later extremely irritable. John's observations on the changes in corneal sensibility and the possible relationship of xerophthalmia to lesions of the central nervous system have already been considered.

RELATION OF VITAMIN A DEFICIENCY TO INFECTIONS IN GENERAL

Many observers are agreed that vitamin A is a physiologic prophylactic against infection, by virtue of the fact that it maintains the integrity of the epithelial linings of the mucous tracts and the skin, but its "antiinfective" function, that is, its ability to cure infections when the barrier of the mucous membrane has been passed, or to prevent or cure infections of the blood stream, is still not established. The marked susceptibility to, and the high incidence of, infections in the experimental animal, as a rule rather extremely deprived of vitamin A, is the usual and early observation of all research workers. Accumulating experimental evidence, however, tends to support the hypothesis that vitamin A plays a part as an antiinfective agent. It seems logical that these observations can be translated into terms of human experience, the differences being mostly those of degree. It will be recalled that Bloch noted many severe infections in his eighty-six xerophthalmic patients. In addition to pneumonia and bronchitis in twenty-seven, there was otitis media in thirteen, pyelitis in twenty-seven and pyodermia in fourteen cases. He maintained that vitamin A is of especial importance to the organism for resisting and overcoming infections, and that this applies to vitamin A only. Spence's experience in seventeen cases of nutritional xerophthalmia and night blindness, chiefly in older children and young adolescents, stands in contrast to that of Bloch. There was a high incidence of cutaneous infection, impetigo and boils in the families (ninety-nine members) of the eleven youngest patients. In seven of the latter there was a history of indolent infection of the skin. This was promptly cured by antixerophthalmic treatment. But over a period of two years the only serious, febrile illnesses in these families, living on a xerophthalmia-producing diet, were a fatal case of pneumonia in a girl 14 years old, and two cases of mumps and three of measles, with complete recovery. A clinical study of the relationship of vitamin A to the "common cold" by Wright and his associates[51] failed to disclose any appreciable difference in the incidence of this infection in groups of children supplied with normal amounts of vitamin A and those supplied with large amounts of this vitamin. In the treatment of patients with pneumonia at the Crown Gold Mines in Johannesburg, Donaldson[52] found that in 200 cases in which large doses of vitamin A were given the mortality rate was 8 per cent, whereas in a control group of 100 cases the mortality rate was 13 per cent. To determine the particular part that vitamin A plays in the favorable therapeutic effect of high vitamin diets in such chronic infectious condi-

42. Nicolaŭ, W., quoted by Frazier and Hu (footnote 41).
43. Wilshire, H., quoted by Frazier and Hu (footnote 41).
44. Berglund, Hilding; Keefer, C. S., and Yang, C. S.: Deficiency Anemia in Chinese, Responding to Cod Liver Oil, Proc. Soc. Exper. Biol. & Med. **26**: 418-421 (March) 1929.
45. Keefer, C. S., and Yang, C. S.: The Rôle of the Various Vitamins in the Production of Anemia, Nat. M. J. China **15**: 419-429 (Aug.) 1929.
46. Pillat, Arnold; and Yang, C. S.: The Blood Picture in Keratomalacia of Adults, Arch. Ophth. **4**: 309-314 (Sept.) 1930.
46a. John, L.: The Sedimentation Velocity of Blood Cells in Eye Diseases Caused by Vitamin A Deficiency, Am. Jour. Ophth. **14**: 590-594 (July) 1931.
47. Sure, Barnett; Kik, M. C., and Walker, Dorothy J.: Hematopoietic Function in Avitaminosis: IV. Further Studies of Vitamin A Deficiency, Proc. Soc. Exper. Biol. & Med. **28**: 495-496, 1931.
48. Koessler, K. K.; Maurer, Sigfried; and Loughlin, Rosemary: The Relation of Anemia, Primary and Secondary, to Vitamin A Deficiency, J. A. M. A. **87**: 476-482 (Aug. 14) 1926.
49. Mellanby, Edward: The Experimental Production and Prevention of Degeneration in the Spinal Cord, Brain **54**: 247-290 (Sept.) 1931.
50. Eusterman, G. B., and O'Leary, P. A.: Pellagra Secondary to Benign and Carcinomatous Lesions and Dysfunction of the Gastro-Intestinal Tract: Report of Thirteen Cases, Arch. Int. Med. **47**: 633-649 (April) 1931.
51. Wright, H. P.; Frosst, J. B.; Puchel, F., and Lawrence, Margaret R.: Vitamin "A" and the Common Cold, Canad. M. A. J. **25**: 412-416 (Oct.) 1931.
52. Donaldson, quoted by Wright, Frosst, Puchel and Lawrence (footnote 51).

tions as rheumatoid arthritis and pulmonary tuberculosis requires further investigation.

Mellanby and Green [53] reported success in the treatment of puerperal sepsis with vitamin A concentrates. These cases were not of the fulminating type and constituted too small a number from which to draw definite conclusions as to the antiinfective potency of this vitamin. The investigations of Burton and Balmain [54] and of Cramer [55] tended to discredit the hypothesis that vitamin A has an antiinfective effect, but the results of recent studies by Green, Pindar, Davis and Mellanby [56] are more convincing as to the part diet plays as a prophylactic agent against puerperal sepsis, and vitamin A as an antiinfective agent. Of 275 pregnant women who were given vitamin A concentrates and vitamin D during the later weeks of pregnancy, in only 1.1 per cent did morbidity according to the British Medical Association standard develop; among a similar number of pregnant women acting contemporaneously as controls there was a morbidity of 4.7 per cent. Further clinical investigations along these lines, particularly as they concern pyogenic infection of various organs and tissues, are desirable.

TREATMENT OF VITAMIN A DEFICIENCY

The treatment of vitamin A deficiency states in the absence of intestinal and hepatic diseases, which prevent adequate absorption and metabolism of vitamin A, is as simple as the prevention of such a deficiency. Prevention should be the keynote in a consideration of the treatment of such conditions. Prevention or cure of the deficiency state itself is very readily accomplished by means of a diet containing adequate vitamin A. The foods rich in this vitamin, as previously mentioned, are butter, milk, cod liver oil, and vegetables containing green and yellow pigment. That the ordinary American dietary contains foods adequately supplied with this vitamin is attested by the rarity of such diseases in the United States. There is no evidence that the normal person fails to absorb vitamin A or its precursor, carotene.

Spence noted that from 10 to 15 cc. of cod liver oil daily was sufficient to cure xerosis in man almost as rapidly as in cases treated with large amounts of cod liver oil and butter. He noted improvement in night blindness in from three to five days after the onset of the treatment, and in from seven to fourteen days vision was apparently normal. Bitôt's spots became somewhat fragmented and decreased in size, and in the severest cases had completely cleared in five or six weeks. Two months was adequate time in which to clear up all signs of the disease. Liver extract, exposure to irradiation by the mercury vapor lamp daily for four weeks, and administration of irradiated ergosterol were without therapeutic effect on xerosis.

If disturbances of gastro-intestinal or hepatic function, or of absorption, are of such degree as to prevent oral administration of foods rich in vitamin A, the substance may be administered parenterally, with equal effectiveness. Bloch [57] noted the efficacy of subcutaneous injections of cod liver oil (sterilized by boiling) in vitamin A deficiency states; doses were of 0.5 cc., raised to 1 cc. daily, for from four to eight days. Blegvad [58] cited a method of producing a preparation with a potency 100 times that of cod liver oil, which may be used subcutaneously. He used this successfully in treatment of night blindness and xerosis due to faulty assimilation, in a case in which there was carcinoma of the liver and jaundice, after a diet high in vitamin A had been ineffective during a trial of six weeks. This patient was given 1 cc. subcutaneously every other day, with apparent rapid absorption and without local inflammation; after two injections the xerosis disappeared, and after six injections the patient could read in dim light. These observations are borne out experimentally by the work of Koehne and Mendel,[59] who showed that rats deficient in vitamin A unquestionably were able to utilize the vitamin A content of cod liver oil administered subcutaneously. There was little evidence, however, that the oil itself was utilized.

53. Mellanby, Edward; and Greene, H. N.: Vitamin A as an Anti-Infective Agent: Its Use in the Treatment of Puerperal Septicemia, Brit. M. J. **1**: 934-936 (June 1) 1929.

54. Burton, A. H. G., and Balmain, A. R.: Vitamin A and Streptococcal Antitoxic Immunity, Lancet **1**: 1063-1068 (May 17) 1930.

55. Cramer, W.: Vitamin A and Infections, Lancet **1**: 1153-1154 (May 24) 1930.

56. Green, H. N.; Pindar, D.; Davis, G., and Mellanby, Edward: Diet as a Prophylactic Agent Against Puerperal Sepsis, with Special Reference to Vitamin A as an Anti-Infective Agent, Brit. M. J. **2**: 595-598 (Oct. 3) 1931.

57. Bloch, C. E.: Further Clinical Investigations into the Diseases Arising in Consequence of a Deficiency in the Fat-Soluble A Factor, Am. J. Dis. Child. **28**: 659-667 (Dec.) 1924.

58. Blegvad, Olaf: Quoted in editorial, Subcutaneous Injection of Vitamin A, Brit. M. J. **1**: 122-123 (Jan. 19) 1924.

59. Koehne, Martha; and Mendel, L. B.: The Utilization of Fatty Oils Given Parenterally, J. Nutrition **1**: 399-443 (May) 1929.

THE PERCENTAGE OF OCCUPANCY IN AMERICAN HOSPITALS

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The greatest economic problem before the hospitals of the United States today is the adequate utilization of the hospital facilities and personnel. To study this problem a special committee of the American Hospital Association was appointed by its president, Mr. Paul H. Fesler. The following facts, among others, were gathered for the purposes of the committee. These data are based solely on material accumulated by the Council on Medical Education and Hospitals of the American Medical Association.

THE TRENDS IN HOSPITAL OCCUPANCY

In table 1 there are compared the total beds and the percentage of occupancy in hospitals registered by the American Medical Association, according to type of control, for five successive years, from 1927 to 1931. This table shows that the percentage of occupancy has remained almost constant for this entire period for both government and nongovernment hospitals, nearly

TABLE 1.—*Bed Capacity and Percentage of Occupancy in Hospitals Registered by the American Medical Association, According to Type of Control, for Five Successive Years*

	Control			
	Government		Nongovernment	
Year	Bed Capacity	Percentage of Occupancy	Bed Capacity	Percentage of Occupancy
1927	545,169	84	308,148	65
1928	567,434	....	325,500	....
1929	582,537	88	324,596	64
1930	619,726	89	336,143	63
1931	641,524	89	332,591	62

90 per cent for the former and something more than 60 per cent for the latter. There has been a consistent growth in the bed capacity of the government hospitals with an average increase of approximately 20,000 beds

a year. In contrast, the years 1929 and 1931 show slight decreases in the total bed capacity in nongovernment institutions. The number of occupied beds in nongovernment institutions increased very slowly except in 1931, when the total was actually less than for the year 1930.

TABLE 2.—*Bed Capacity and Percentage of Occupancy in General and Nervous and Mental Hospitals Registered by the American Medical Association, for Five Successive Years*

Year	Type of Service: General — Bed Capacity	General — Percentage of Occupancy	Nervous and Mental — Bed Capacity	Nervous and Mental — Percentage of Occupancy
1927	345,364	66	373,364	93
1928	363,337	....	394,364	....
1929	357,034	65	414,386	95
1930	371,609	65	437,919	95
1931	384,333	65	451,245	95

In table 2 there is set forth a comparison of the total and occupied beds in general and in nervous and mental hospitals registered by the American Medical Association for the five-year period 1927-1931. There has been a steady increase in the bed capacity of the nervous and mental hospitals during this entire period, with a much slower and a much less regular increase in the bed capacity of the general hospitals.

The nervous and mental hospitals have been occupied to approximately 95 per cent capacity during this five-year interval, whereas the occupancy of general hospitals has been approximately 65 per cent. The reduction in reported bed capacity for general hospitals in 1929 was in part the result of a reclassification of hospitals on the part of the American Medical Association. The facilities of some hospitals were removed from the register or classified as "institutional" rather than as "general" hospital beds.

THE VARIATIONS AMONG "GENERAL" HOSPITALS

Table 3 represents the proportions of occupied beds in 3,952 general hospitals registered by the American Medical Association in 1930 according to the bed capacity of the hospitals. The percentage of occupancy increases with the average size of the institution. For the small hospitals (fifty beds or less) the average

TABLE 3.—*Number, Total Capacity and Percentage of Occupancy of Registered General Hospitals in the United States, 1930, Classified According to Size of Hospital (Excluding Hospitals Registered as "Related Institutions")*

Size of Hospital	No. of Hospitals	No. of Beds	Percentage of Occupancy
10- 50	2,141	58,559	49
51-100	844	63,069	59
101-300	790	136,577	65
301-500	105	39,989	72
Over 500	72	71,721	80
Total	3,952	369,915	65

occupancy is approximately 50 per cent. This proportion increases to 59 per cent for hospitals with from 51 to 100 beds each and reaches an average of about 65 per cent for the hospitals ranging from 101 to 300 beds per institution. The proportion of occupancy for the two larger groups are 72 per cent and 80 per cent, respectively.

A partial explanation of the higher percentage of occupancy in the large institutions is the fact that most of them are under government auspices. The lower percentage of occupancy in small hospitals is not as serious a condition as would at first appear. Many of these small hospitals are primarily adjuncts to the private practice of independent physicians, containing apparatus and equipment to round out the physician's office practice. Some of these small institutions are the only hospitals in the town or community and as such must be regarded as emergency stations whose primary function is readiness to serve a community when a severe illness or accident occurs. The burden to maintain these hospitals ready to serve the community, therefore, is primarily one for the community as a whole to bear, and the low degree of utilization of bed capacity is not as serious as if there were several institutions standing side by side each with low percentages of occupancy.

An analysis was also made of occupied and unoccupied beds in these 3,952 general hospitals in 1930 classified according to type of control, as shown in table 3. The average occupancy of these government hospitals for acute diseases and conditions in 1930 was 75 per cent, whereas only 62 per cent of the beds in nongovernmental general hospitals were occupied daily.

TABLE 4.—*Number, Total Capacity and Percentage of Occupancy of Registered General Hospitals in the United States, 1930, Classified According to Type of Control (Excluding Hospitals Registered as "Related Institutions")*

Type of Control	No. of Hospitals	No. of Beds	Percentage of Occupancy
Governmental:			
City and county	441	68,753	75
State	46	14,039	83
Federal	201	32,368	70
Total governmental	688	115,160	75
Nongovernmental:			
Church and fraternal	851	105,371	63
Industrial, individual and partnership	964	24,745	49
Independent	1,449	124,639	62
Total nongovernmental	3,264	254,755	62
Total	3,952	369,915	66

The city and county hospitals represent the largest number of beds for acute diseases and conditions under governmental auspices. These institutions maintained during 1930 a 75 per cent capacity. A higher percentage prevailed for the state institutions, although they contain a smaller number of beds for acute diseases and conditions.

The church and fraternal hospitals show approximately 63 per cent occupancy; the industrial and independent and partnership hospitals, 49 per cent, and the independent institutions, 62 per cent. Many of the "independent" hospitals are organized as private corporations for profit. It is this group of institutions which has particularly suffered through reduction in occupancy during recent years.

CONCLUSION AND SUMMARY

Are the American hospitals actually serving the public to the greatest advantage? The answer to the question lies in part in the extent to which the facilities are utilized at any given time or during a period of time. The degree of utilization may be expressed in terms of the amount of service rendered and may apply not only to "beds" but also to the professional personnel and scientific apparatus and equipment. The foregoing paragraphs have dealt solely with the facilities of the

hospital so far as they can be expressed in terms of numbers of beds. It is recognized, of course, that the bed capacity of a hospital is merely one expression of its available scientific facilities. In addition, there are important capital investments in other scientific apparatus, such as laboratories, the x-ray department, the outpatient servite, and physical therapy. It is quite possible that in a particular institution these scientific items of equipment would be used to a high degree of capacity, even though the beds of the institution were not filled with patients. This will be particularly true in a hospital that maintains a large outpatient service or in a private hospital owned and conducted by a clinic that utilizes the scientific apparatus and equipment for the office practice of the physician members of the group.

The data set forth in these tables indicate clearly that at the present time the beds in the general hospitals of the United States are able to take care of an increased number of persons during any particular year and at any particular time. Whether or not these proportions are too large or too small cannot be answered for the country as a whole, for in some communities there is still need of additional institutions, while other communities admittedly have more facilities than can be properly used.

Julius Rosenwald Fund.

Council on Pharmacy and Chemistry

NEW AND NONOFFICIAL REMEDIES

THE FOLLOWING ADDITIONAL ARTICLES HAVE BEEN ACCEPTED AS CONFORMING TO THE RULES OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR ADMISSION TO NEW AND NONOFFICIAL REMEDIES. A COPY OF THE RULES ON WHICH THE COUNCIL BASES ITS ACTION WILL BE SENT ON APPLICATION.

W. A. PUCKNER, Secretary.

SUPRARENIN (See New and Nonofficial Remedies, 1932, p. 187).

The following dosage forms have been accepted:

Suprarenin Solution, 1:1,000: Each 1 cc. contains suprarenin bitartrate equivalent to suprarenin 0.001 Gm. (1/65 grain).

Ampules Suprarenin Solution: Each 1 cc. contains suprarenin bitartrate equivalent to suprarenin 0.001 Gm. (1/65 grain).

REPORTS OF THE COUNCIL

THE COUNCIL HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT.

W. A. PUCKNER, Secretary.

ANTIOPIN NOT ACCEPTABLE FOR N. N. R.

Antiopin, marketed in the form of tablets, is claimed to be "an efficacious remedy for morphine and cocaine poisoning," it being stated that after administration to an addict for ten to fourteen days morphine can be totally dispensed with; also that the preparation is efficacious in cases of cocaine poisoning, and that alcoholism and nicotine poisoning can be cured with it. The Council took up the consideration of this preparation at the request of Walter Grautoff, New York, who transmitted information concerning the product which was supplied by the manufacturer, Dr. K. Yamada's Chemical Laboratory, Kobe, Japan.

Antiopin is claimed to be a mixture of "Euphrasin" 5 per cent, quinine hydrochloride 10 per cent, caffeine 15 per cent, lactose 40 per cent, sucrose 20 per cent, acacia 10 per cent. The "Euphrasin" component is stated to consist of "extract from 'Kofuku' Sea-ear" 10 Gm., quinine hydrochloride 9.5 Gm., urea 1 Gm. "to which hydrochloric acid and alcohol are added, and the mixture is heated and condensed. It is then allowed to absorb in 20 grammes of lactose, left to dry and then made into powder." While the statement in regard to the preparation of the mixture designated "Euphrasin" is not clear and while the weight of the tablets is not declared, it is evident that Antiopin is claimed to contain small quantities of an extract prepared from the entrails of a certain kind of "ear shell," in admixture with quinine hydrochloride, caffeine and urea. The details of the method of preparation of the extract from the entrails of "'Kofuku' ear shell" are not furnished nor is any information made available in regard to the chemical composition of this extract or its pharmacologic properties.

The name Antiopin is not descriptive of the composition but, instead, is evidently intended to indicate its use in the treatment of opium poisoning.

In the circular that accompanies the trade package, Antiopin is "recommended to those, who desire to radically get rid of the habitual use of morphine or opium . . ." and also "to those who do not wish to discontinue the habit but are afraid of the poisonous effects." It is further claimed that Antiopin "is efficacious for strengthening the digestive organs, building up the strength and mitigating or stopping pain" and that it is "especially recommended in the case of stomachache, gripe or diarrhoea."

No evidence is offered for the effectiveness of Antiopin in the treatment of alcoholism, nicotine poisoning, "stomachache, gripe or diarrhoea." As evidence for the efficacy of the product in the treatment of drug addiction, the Council was supplied with translations of reports of trials carried out in Japan. The reports lack all control and do not constitute acceptable evidence. Seldom has a preparation been presented for consideration with such extraordinary claims, with so little evidence concerning the nature of the substance used, without the least pharmacologic study of its actions, and with so little evidence of its therapeutic value. Naturally, it is impossible for one to say what an extract of the intestine of the Japanese fish the "kofuku," or earshell, contains, and there is no excuse for offering the physician a preparation with such extraordinary claims without the slightest information concerning the pretended active constituent of the preparation.

There are few more tragic chapters in medicine than that relating to morphine addiction and its treatment. Without referring further to the innumerable fraudulent "cures," which usually consist of mixtures of morphine, many methods have been put forward in good faith and employed following enthusiastic reports of their successful use, only to fall into oblivion because they were incapable of modifying the course of withdrawal appreciably. The following quotations from two papers illustrate the difficulty of evaluating substances used in the treatment of morphine addiction, even by recognized specialists: "Some 219 men and 147 women have been given this treatment. It has shown itself to be of unquestioned value, producing a successful withdrawal of the drug in a few days, in some instances with but little discomfort, and *in all instances with less suffering than the ordinary withdrawal method.* [Italicized by the editor.] The patients sleep without hypnotics of any kind during and after their treatment, and at the end of a few days are hungry, and digest easily all that their renewed and voracious appetites cause them to take" Lambert, Alexander, and Tilney, Frederick: The Treatment of Narcotic Addiction by Narcosan, *M. J. & Rec.* **124**:764 [Dec. 15] 1926). "The Narcosan treatment was given to sixty-eight patients.—The results were clear cut. In the Narcosan-treated group there were noted a greater occurrence and intensity of all the symptoms mentioned. Taking an average of the sixty-eight Narcosan-treated cases, there was found in the former a more marked restlessness and muscular twitching, and particularly a greater intensity in the gastro-intestinal symptoms, vomiting, diarrhea and cramps, and in general prostration. In short, the symptoms occurring in patients receiving Narcosan were more severe than in those not receiving Narcosan. Further, in regard to recuperation after the withdrawal period, the Narcosan-treated patients did not show any advantage over the controls" (Lambert, Alexander, and others: Narcosan for Drug Addiction, Report of the Mayor's Committee of New York on Drug Addiction, J. A. M. A. **92**:147 [Jan. 12] 1929).

The Council declared Antiopin unacceptable for New and Nonofficial Remedies because the preparation is a mixture of indefinite composition, offered under a nondescriptive, therapeutically suggestive name and marketed in a way that may foster the drug habit.

HOSPITAL SERVICE IN THE UNITED STATES

ELEVENTH ANNUAL PRESENTATION OF HOSPITAL DATA BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Fourteen to a minute is the rate at which the hospitals of the United States are admitting patients. For twenty-two years, hospitals have been built and equipped at the rate of one sixty-nine bed hospital each day, including Sundays and holidays. This means that hospitals have increased about 25,000 beds annually during that time. The number of physicians connected with hospitals is 116,363. The number of patients admitted in 1931 was 7,155,976. Hospitals were the birthplaces of 708,889 babies during the last fiscal year, and the number of hospital births is increasing at a rate of around 50,000 a year.

One or more hospitals are located in each of 1,875 counties, or 70 per cent of the total 3,074 counties in the United States. In 1920 only 1,332, or 44 per cent of the 3,027 counties then laid out, had any kind of hospital. In the past twelve years, therefore, one or more hospitals have been built in 543 counties which previously did not have a hospital within their borders.

The total patients admitted during any year has just been ascertained for the first time since 1872, through the Annual Census of Hospitals for 1931 by the Council on Medical Education and Hospitals, a report of which is herewith presented.

The care of the sick and injured in the United States requires 6,613 hospitals with a total capacity of 974,115 hospital beds. Twenty-two years ago, fewer than half that number of hospital beds were in existence. Hospital service as it existed in the United States sixty years ago is described in a twenty-five page report printed in the Transactions of the American Medical Association for 1873, volume 24. That report contains the names of 178 hospitals having a total capacity of 35,604 beds, to which were admitted 146,472 patients during the year 1872. There were 309 resident medical officers in addition to 580 members of attending medical and surgical staffs. Forty medical students were employed. The greatest number of hospitals in any one state was 53 in New York, followed by 22 in Pennsylvania, 17 in Illinois and 13 in Massachusetts. According to that early report, 18 of the 178 hospitals had a capacity of 400 beds, 38 hospitals between 200 and 400, 46 between 100 and 200, and 14 between 40 and 100; 22 had a capacity of 50 beds or less. The sum total of patients admitted was only 146,472. Only 9 hospitals reported that they were connected with medical colleges. However, an additional 36 stated that clinical instruction was given in their institutions. Thirty hospitals were supported by states, 15 by cities, 4 by counties, 7 by religious denominations and 67 by "patients and other sources." That early report was compiled from a survey conducted by the United States Bureau of Education and its publication in the Transactions was arranged by J. M. Toner, M.D. Just why no authentic figures on hospital service were available between 1873 and 1909 is not easily explained. The next actual census of hospitals worthy of recognition for completeness, after the one of 1873, was that contained in the second edition of the American Medical Directory in 1909. Each succeeding edition has given a list of hospitals existing at the time. In recent years, more accurate and more complete data have been obtained through the annual census of hospitals.

AMERICAN SYSTEM OF HOSPITALS

The American people have developed a system of hospital service in their own way. Realizing that the care of the sick is always the duty of the well, they have performed that duty in every community, using whatever agency or organization seemed best adapted or most available for the operation of hospitals. Hospitals are maintained by a number of agencies both governmental, such as federal, state, county and city governments, and nongovernmental, such as churches, fraternities, industries, individuals and incorporated associations.

The government owned hospitals now number 1,816, with a total capacity of 641,524 beds and an average daily census of 569,301 patients. All hospitals other than the government owned had an average daily census of 206,095. On the other hand, the total patients admitted by all government owned institutions was only 1,833,078, as compared with 5,322,898 patients admitted to all nongovernment institutions during the last fiscal year. These figures, of course, reflect the preponderance of custodial care in the government supported institutions. It would be a mistake, however, to conclude that governmental agencies are not interesting themselves in the care of other than custodial cases, because acute medical and surgical care is maintained for the patients and inmates of some federal and state institutions that are primarily designed for custodial care. Reference to accompanying compilations will support these deductions, and the columns of figures arranged by states are bristling with interesting facts. There is a tendency for the federal government to extend constantly hospital care to veterans for non-service connected disabilities. The report of the Veterans' Administration for 1931 (p. 62), shows that of 102,226 admissions of World War veterans in that year, 75,427, or 73.8 per cent, were for non-service connected disabilities.

FEDERAL HOSPITALS

Reports were received from 291 hospitals and related institutions owned and operated by the federal government. Those institutions have a total capacity of 69,170 beds and 391 bassinets. The total number of patients admitted was 301,149. The total average daily census of patients in federal hospitals was 52,881. The hospital work now being carried on by the various branches of the federal government is as follows:

	Hospitals	Beds	Bassinets
Veterans' Administration Hospitals	55	28,454	...
Veterans' Administration Homes	10	6,587	...
Army	95	10,780	153
Navy	16	8,735	...
U. S. Public Health Service	26	4,763	...
Indian Service	80	3,833	210
All other federal hospitals	9	6,059	28
Totals	291	69,170	391

Taken in order of bed capacity, the Veterans' institutions come first, followed in order by the Army, Navy,

United States Public Health Service and United States Indian Service.

The data received from the Veterans' Administration as well as that received from individual institutions indicate two types of service: the Veterans' Administration Hospitals and the Veterans' Administration Homes, formerly called National Homes for Disabled Volunteer Soldiers. The veterans' hospitals number 55, with a total capacity of 28,454. In the ten Veterans' four; California, Illinois, Massachusetts, Missouri and Pennsylvania, three each; Arizona, Georgia, Indiana, Kentucky, Minnesota and Washington, two each. The remaining states have one hospital each except Delaware, Kansas, Maine, Nevada, New Hampshire, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Virginia, West Virginia and Wisconsin, in which no veterans' hospitals are reported. The ten Veterans' Administration homes are located one each in Califor-

TABLE 1.—*Number and Capacity of Hospitals According*

Marginal No.	State	Federal						State						County					
		Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births
1	Alabama	4	2,392	900	..	674	...	9	3,063	4,582	..	4,505	.....	6	7,863	514	44	409	1,170
2	Arizona	19	14,550	1,660	52	1,177	212	3	219	650	..	706	.....	9	1,800	400	19	256	145
3	Arkansas	2	1,674	1,050	..	976	...	7	3,659	3,549	..	3,754	.....	3	986	335	2	257	32
4	California	18	29,548	6,427	23	4,652	139	17	12,319	19,501	32	18,320	527	61	105,856	10,880	368	9,240	6,654
5	Colorado	4	6,440	2,451	10	1,586	49	8	9,743	3,466	18	3,276	208	4	2,095	172	18	116	239
6	Connecticut	1	.....	240	..	161	...	14	3,062	7,705	12	7,413	35	..	.....	.....	.....	.....	.....
7	Delaware	1	207	28	..	5	...	4	353	1,069	..	978	.....	..	.....	.....	.....	.....	.....
8	District of Columbia	8	20,731	7,502	46	6,533	675	2	433	262	..	218	.....	..	.....	.....	.....	.....	.....
9	Florida	4	3,972	596	..	513	...	6	4,015	4,258	..	4,061	4	5	4,327	392	25	302	397
10	Georgia	8	10,559	1,580	12	1,291	115	7	1,342	6,015	..	5,861	.....	2	10,856	77	10	49	.....
11	Idaho	4	1,617	397	6	325	21	6	687	1,262	..	1,109	.....	3	2,043	84	32	54	270
12	Illinois	10	18,753	4,972	3	3,701	39	24	20,398	31,125	25	29,446	405	27	69,415	6,374	158	4,925	3,895
13	Indiana	4	1,442	1,656	..	1,369	...	22	12,789	11,252	43	10,698	1,103	36	22,052	2,408	176	1,653	1,397
14	Iowa	3	976	853	..	802	...	18	18,082	9,832	54	9,446	436	13	6,071	895	45	683	747
15	Kansas	5	6,168	988	10	623	133	17	6,909	6,568	15	6,119	250	5	2,367	219	30	121	386
16	Kentucky	5	1,416	828	..	574	...	10	5,627	6,364	..	6,305	.....	7	1,619	333	29	229	221
17	Louisiana	3	6,384	1,316	..	1,081	...	8	52,377	7,371	69	7,146	2,602	..	.....	.....	.....	.....	.....
18	Maine	3	1,798	426	..	394	...	6	786	3,364	..	3,236	.....	..	.....	.....	.....	.....	.....
19	Maryland	8	7,906	1,695	..	1,318	...	17	11,836	6,464	50	5,717	590	4	2,831	273	27	190	240
20	Massachusetts	8	9,016	2,827	8	2,157	56	31	7,040	29,414	40	27,297	142	7	889	1,037	...	698	.....
21	Michigan	5	2,408	844	..	767	...	21	30,967	16,922	45	14,278	343	26	10,409	9,474	37	6,791	413
22	Minnesota	8	5,012	1,317	16	1,235	194	17	11,476	12,096	30	11,308	344	17	2,254	1,691	14	1,194	56
23	Mississippi	2	586	456	6	449	21	12	16,149	5,066	40	4,675	818	1	239	22	5	5	.....
24	Missouri	6	7,103	1,124	3	988	24	11	6,124	8,542	8	8,227	50	6	2,302	678	74	539	163
25	Montana	7	4,055	487	24	260	154	4	195	1,741	3	1,730	.....	5	451	217	14	173	56
26	Nebraska	6	2,118	356	2	167	5	12	4,045	5,427	20	4,965	466	2	1,615	238	3	163	13
27	Nevada	3	780	126	..	69	7	1	70	325	..	286	.....	11	1,543	336	17	221	208
28	New Hampshire	1	1,095	200	..	111	...	5	515	2,400	..	2,338	.....	3	1,092	205	8	171	74
29	New Jersey	3	1,817	955	..	334	...	15	5,079	12,869	3	11,316	19	23	9,270	8,195	314	7,065	264
30	New Mexico	11	4,205	1,239	24	924	88	4	712	1,928	5	1,884	59	1	.....	17	...	8	.....
31	New York	22	30,725	6,279	8	4,969	61	41	8,963	68,065	36	62,584	28	48	12,458	5,246	54	4,192	413
32	North Carolina	3	2,698	784	12	602	...	7	1,308	7,206	..	6,632	.....	12	2,566	766	23	601	113
33	North Dakota	5	2,186	202	12	98	82	4	855	2,588	..	2,581	.....	2	162	85	3	60	14
34	Ohio	6	8,056	2,065	4	1,725	10	24	18,130	23,424	35	21,393	585	23	7,334	2,641	58	2,079	670
35	Oklahoma	12	10,310	1,926	36	767	248	13	12,673	6,770	22	6,680	396	1	1,121	50	10	25	198
36	Oregon	4	4,348	658	2	505	...	11	3,927	4,401	..	4,347	.....	3	4,073	398	26	329	610
37	Pennsylvania	6	7,380	1,996	1	1,257	16	32	43,604	21,973	123	20,348	1,680	19	1,973	6,358	14	5,857	79
38	Rhode Island	2	2,058	328	..	226	...	7	1,944	3,469	12	3,322	49	..	.....	.....	.....	.....	.....
39	South Carolina	2	1,845	240	5	191	26	5	1,457	3,274	..	3,472	.....	8	7,106	522	46	347	507
40	South Dakota	10	4,477	921	22	774	175	4	664	2,200	..	2,164	.....	1	400	17	4	13	68
41	Tennessee	3	6,814	1,091	..	932	...	9	2,168	4,628	..	4,348	.....	7	1,819	1,719	3	1,591	8
42	Texas	12	14,852	2,094	27	1,374	261	16	5,913	13,241	6	12,112	23	13	5,739	520	50	321	622
43	Utah	2	419	46	..	20	22	3	426	885	..	883	.....	3	3,392	214	24	177	455
44	Vermont	1	887	62	1	19	2	6	450	1,352	..	1,224	.....	1	79	47	..	42	.....
45	Virginia	8	12,119	2,107	6	1,549	74	16	14,045	8,639	30	8,819	461	1	801	50	5	22	40
46	Washington	13	9,691	2,111	4	1,517	43	10	2,444	6,224	..	5,988	.....	9	2,970	1,143	20	897	177
47	West Virginia	2	.....	.....	.....	.....	.....	12	7,021	3,517	19	3,442	64	6	4,391	226	16	160	168
48	Wisconsin	3	5,251	856	..	718	...	14	10,068	5,173	32	4,971	190	60	13,355	11,529	71	10,059	839
49	Wyoming	3	2,005	623	6	503	44	4	1,033	743	8	704	143	4	5,131	286	39	138	650
50	Totals	(1931) 291	301,149	69,170	391	52,881	2,996	576	388,984	419,282	846	394,938	12,130	508	345,236	77,373	1,932	62,802	22,601
51		(1930) 288	.....	63,581	274	50,492	.....	581	.....	405,309	788	380,279	.....	505	.....	73,615	1,498	60,529	.....
52		(1929) 292	.....	59,701	229	46,033	2,286	578	.....	385,706	785	364,042	9,125	487	.....	65,619	1,385	52,994	17,527
53		(1928) 294	.....	67,165	117	.....	.....	595	.....	369,750	813	.....	.....	489	.....	64,231	1,297	.....	.....
54		(1927) 301	.....	69,414	...	42,137	.....	592	.....	354,780	...	328,737	.....	480	.....	58,907	...	47,704	.....

Administration Homes there were 6,537 beds. The annual report of the Administrator of Veterans' Affairs for the year 1931 (p. 15) says:

> Of the total of 109,649 admissions of veterans during this year 58,894, or 54 per cent, were made to hospital facilities under the control of the Veterans' Administration; 25,490, or 23 per cent, to naval hospitals; 12,093, or 11 per cent, to Army hospitals; 7,966, or 7 per cent, to Marine hospitals, and 5,206, or 5 per cent, to state and civil institutions and to hospitals in Washington, D. C., operated by the Interior Department. It is significant to mention that during this fiscal year only 4.7 per cent of the total admissions were made to civil and state institutions, while in 1920 and 1924 these figures were approximately 45 per cent and 19 per cent, respectively.

In contrast with the comparatively even distribution of all types of civilian hospitals, the fifty-five Veterans' Administration hospitals are located in New York, nia, Illinois, Kansas, Maine, New York, Ohio, South Dakota, Tennessee, Virginia and Wisconsin.

It would seem, therefore that the distribution of veterans' hospitals is not adapted to the care of veterans in the case of acute illnesses and accidents.

The Army exceeds all other branches of the federal hospital system as to the number of hospitals, there being ninety-five Army hospitals with a bed capacity of 10,789.

The sixteen hospitals under the Navy Department have a capacity of 8,735 beds.

The United States Public Health Service, conducting the Marine Hospitals and others, accounts for twenty-six hospitals, with a capacity of 4,763 beds. The United States Indian Service maintains eighty hospitals. The total bed capacity of the Indian hospitals, however, is only 3,833.

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All other federal hospitals not accounted for in the foregoing consist of the St. Elizabeths Hospital (two units), the Freedmen's and the Hospital of the National Training School for Boys, at Washington, D. C.; three United States Penitentiary Hospitals; the Morningside Hospital at Portland, Ore., and the W. B. Lewis Hospital in the Yosemite National Park.

The Army hospitals have 155 bassinets and reported 1,387 births for the year. In the Indian Service there they admitted 388,984 patients during the last fiscal year.

For a proper understanding of the facts brought out in table 1, it is necessary to bear in mind that the non-governmental agencies mainly, though not entirely, run hospitals for the care of acutely sick and injured, while the governmental institutions were designed mainly, but not entirely, for the chronic cases. The care of persons who are disabled for a great length of time, frequently for a lifetime, is a distinct burden which the family and friends of the individual may be unable to assume. This is the fundamental reason why the custodial patients must be placed in tax supported institutions, while those who are only temporarily ill and those who are able to pay their own expenses can be cared for in hospitals maintained by agencies not dependent on taxation.

to Agencies Owning or in Control

City						City and County						Total Government Owned						
Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Marginal No.
5	8,676	421	43	253	481	1	552	75	5	9	23	25	22,546	6,492	92	5,940	1,654	1
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	31	16,569	2,719	71	2,269	357	2
3	4,166	103	20	102	247	..	.....	.....	..	.....	.....	15	10,425	5,127	22	5,089	279	3
6	2,012	243	25	57	149	5	12,864	1,994	32	1,639	422	107	102,509	39,045	489	34,108	7,801	4
2	368	94	...	24	.....	1	9,924	469	46	381	650	19	28,370	6,672	92	5,583	1,286	5
6	3,711	845	12	504	145	..	.....	.....	..	.....	.....	21	6,773	8,799	24	8,078	180	6
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	5	560	1,097	..	983	.....	7
2	8,004	641	50	429	948	..	.....	.....	..	.....	.....	12	20,698	8,405	96	7,290	1,623	8
9	12,356	744	105	394	1,211	1	858	75	10	35	69	25	25,708	6,666	141	5,305	1,681	9
8	22,051	1,005	103	684	3,171	5	3,323	615	39	428	196	39	48,131	9,302	164	8,313	3,482	10
2	4	32	2	5	.....	2	1,666	74	19	33	222	17	5,957	1,849	59	1,526	493	11
23	21,472	2,623	158	1,990	2,374	1	2,674	141	24	72	424	85	132,712	45,235	368	40,024	7,136	12
6	11,588	677	63	467	1,046	3	.....	26	..	.....	.....	71	47,886	16,019	282	14,187	3,656	13
7	3,755	154	32	78	480	2	81	31	..	.....	.....	43	28,965	11,765	131	11,019	1,993	14
7	3,606	182	42	70	374	1	81	50	..	35	.....	35	19,131	8,007	97	6,977	1,143	15
6	16,536	741	98	507	1,413	5	2,714	582	26	526	102	33	27,912	9,048	153	8,141	1,736	16
2	560	118	3	52	.....	1	383	125	..	15	.....	14	60,304	8,950	72	8,291	2,662	17
3	1,238	151	18	99	153	..	.....	.....	..	.....	.....	12	3,842	3,941	18	3,629	153	18
6	5,944	1,309	16	1,058	118	1	2,918	128	20	80	288	36	31,435	9,869	113	8,372	1,266	19
57	62,739	5,450	422	4,039	5,851	2	362	43	5	29	62	85	80,026	38,704	475	34,220	6,111	20
57	63,467	4,996	353	5,442	6,123	4	1,593	97	14	88	256	93	108,844	31,843	449	25,316	7,155	21
12	11,080	823	89	627	1,369	4	12,628	1,157	70	730	1,308	58	43,050	17,084	219	15,514	3,561	22
..	.....	.....	...	.....	.....	1	416	35	8	13	58	16	17,410	5,549	59	5,142	897	23
15	38,213	7,199	174	6,437	4,115	..	.....	.....	..	.....	.....	38	53,742	17,373	259	16,191	4,352	24
..	.....	.....	...	.....	.....	1	.....	35	..	5	.....	17	4,701	2,480	41	2,297	230	25
4	278	92	18	18	24	..	.....	.....	..	.....	.....	24	8,056	6,113	53	5,315	518	26
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	15	2,393	787	17	576	215	27
4	1,405	175	20	71	155	..	.....	.....	..	.....	.....	13	4,107	3,070	28	2,691	239	28
11	33,017	2,235	114	1,707	3,748	..	.....	.....	..	.....	.....	52	49,183	24,275	431	20,442	4,041	29
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	16	5,107	2,184	29	1,616	147	30
50	213,659	17,017	823	14,354	15,048	5	10,311	460	42	413	1,403	166	276,116	97,007	963	80,512	17,043	31
3	3,652	278	29	109	313	4	3,169	174	24	90	277	29	13,393	9,208	88	8,685	703	32
2	94	65	...	3	.....	..	.....	.....	..	.....	.....	13	3,277	2,958	15	2,542	96	33
23	38,487	3,695	208	2,741	3,967	..	.....	.....	..	.....	.....	76	72,027	31,735	395	29,748	4,732	34
8	4,044	269	31	70	346	..	.....	.....	..	.....	.....	34	28,148	8,115	99	7,551	1,188	35
2	919	87	9	21	.....	..	.....	.....	..	.....	.....	20	13,267	5,514	37	5,262	610	36
12	30,214	5,562	68	4,078	990	5	2,858	5,149	15	4,920	126	74	80,069	41,008	221	36,440	2,801	37
1	2,100	250	...	154	.....	..	.....	.....	..	.....	.....	10	6,142	4,047	12	4,202	49	38
2	2,710	124	8	96	276	1	61	26	..	22	.....	18	13,179	4,292	59	4,038	809	39
1	198	15	5	4	21	..	.....	.....	..	.....	.....	16	5,739	3,153	31	2,935	264	40
4	18,012	786	85	624	1,849	5	6,319	625	42	517	789	28	35,532	8,849	130	8,032	2,616	41
8	8,860	664	70	763	874	13	24,078	1,621	123	1,250	3,160	62	60,282	18,140	276	15,420	4,886	42
1	768	25	...	16	.....	..	.....	.....	..	.....	.....	9	4,915	1,189	24	1,096	477	43
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	8	1,416	1,461	1	1,285	2	44
4	3,600	750	25	528	179	1	2,715	99	10	61	122	30	33,280	11,036	76	10,979	856	45
1	2,458	455	...	281	.....	1	4,092	420	33	416	404	37	21,845	10,353	57	9,999	624	46
3	7,067	116	22	59	197	..	.....	.....	..	.....	.....	21	19,579	4,859	54	4,661	369	47
13	14,557	632	55	239	876	1	.....	31	8	.....	.....	91	43,231	18,261	166	15,887	1,905	48
..	.....	.....	...	.....	.....	..	.....	.....	..	.....	.....	11	9,159	1,602	53	1,345	837	49
364	689,259	61,351	3,478	46,854	58,311	77	108,450	14,348	615	11,766	10,660	1,816	1,833,078	641,324	7,262	560,391	106,608	50
364	.....	63,004	3,246	47,880	.....	74	.....	14,157	497	11,550	.....	1,812	.....	619,736	6,303	550,737	.....	51
357	.....	57,128	3,093	42,440	45,787	81	.....	14,183	570	11,376	8,806	1,795	.....	582,537	6,002	516,885	83,541	52
372	.....	65,120	3,161	.....	.....	63	.....	7,553	284	.....	.....	1,813	.....	567,434	5,672	.....	.....	53
393	.....	63,327	.....	46,389	.....	70	.....	7,703	...	5,190	.....	1,809	.....	545,163	.....	470,157	.....	54

were 210 bassinets, and 1,188 births were reported. In other federal hospitals there were 421 births, making a total of 2,996 babies born in the federal institutions.

The decrease in the number of federal hospitals in the past five years, shown by table 1, is due to the dropping of a number of small institutions, mainly army post hospitals, from the register of hospitals. In the same five years the capacity of federal hospitals has increased from 60,444 beds to 69,170 beds, and the average number of patients has increased from 42,137 to 52,881.

STATE HOSPITALS

State hospitals likewise have decreased in number, but their capacity has grown in the last five years from 354,786 beds to 419,282 beds. The average number of patients in state hospitals has mounted from 328,737 to 394,938 in five years. State hospitals reported that

COUNTY HOSPITALS

County hospitals have grown in number during the half decade from 480 to 508. This is a considerable net increase when it is considered that during the same time a great many small county institutions have been discontinued and their sick and injured transferred to larger county hospitals. The average daily census of patients in county hospitals has increased in the five

year period from 47,704 to 62,862. The increase should be noted in the patronage of county hospitals since 1929, when they had an average daily census of 52,994 patients.

CITY HOSPITALS

That city hospitals, as a group, are used more than other governmental hospitals for the care of the acutely sick and injured is evidenced by the fact that they admitted 689,259 patients during the last fiscal year, although their bed capacity was 61,351, which is considerably less than that of the county hospitals. The patronage of city hospitals, as indicated by the average daily census of patients, has dropped slightly in the past year; but they are still caring for considerably more patients than in 1929. The total births in city hospitals during the past two years increased from 45,787 to 58,311.

CITY-COUNTY HOSPITALS

The operation of hospitals by the cooperation of city and county governments is of course purely a matter of local convenience. City-county institutions in the past five years have increased from 70 to 77. They admitted 108,450 patients last year and had an average of 11,766 patients. Births in the past two years increased from 8,806 to 10,660.

CHURCH HOSPITALS

The 1931 census of hospitals gives churches the credit for 1,011 hospitals with a total bed capacity of 116,935, and with an average daily census of 73,911 patients. This average is a little lower than in 1929, when it reached a peak of 75,770, but the total number of patients admitted by this group of hospitals, 2,013,352, is greater than for any other nongovernmental group except independent hospital associations, which admitted 2,714,406 patients. The church hospitals have credit for 235,229 births, showing a healthy increase over 209,726 births in the same institutions two years ago. Church hospitals, being supported in a rather large part by donations, and the rest of their support coming mainly from patients, are among the hospitals that are most keenly feeling the effects of the depression. This is probably due to their inability to make collections from their pay patients rather than to any actual drop in patronage, for the average number of patients, 73,911, is only slightly below their peak of 75,770 for 1929. The average length of stay in church hospitals is thirteen days, one day shorter than in any other group.

FRATERNAL HOSPITALS

Fraternal orders maintain 76 hospitals. The relatively small share of this group in hospital work is

TABLE 1.—*Number and Capacity of Hospitals According*

Marginal No.	State	Church						Fraternal						Industrial						Individual		
		Hospitals	Patients Admitted	Beds	Baselnets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Baselnets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Baselnets	Average Patients	Births	Hospitals	Patients Admitted	Beds
1	Alabama	9	12,256	755	98	313	989	..	.....	...	..	...	...	3	6,496	352	38	230	518	32	17,590	1,122
2	Arizona	10	11,691	812	80	448	1,051	..	.....	...	..	...	...	11	4,029	359	35	164	457	20	1,257	494
3	Arkansas	9	14,402	971	103	413	951	5	4,140	245	13	148	85	4	4,068	325	7	107	47	26	9,936	525
4	California	41	90,809	4,842	758	2,961	10,807	6	8,671	646	34	492	505	15	10,398	842	40	504	244	136	48,789	3,212
5	Colorado	30	35,672	2,592	282	1,040	3,507	1	900	250	..	165	....	4	4,231	356	20	168	368	31	4,804	798
6	Connecticut	6	27,653	1,166	217	897	3,924	..	.....	...	..	...	...	..	.....	...	..	...	...	14	1,709	447
7	Delaware	1	1,623	70	10	48	.....	..	.....	...	..	...	...	..	.....	...	..	...	...	1	.....	22
8	District of Columbia	4	15,708	598	105	372	2,046	..	.....	...	..	...	...	..	.....	...	..	...	...	7	627	169
9	Florida	6	6,951	610	96	259	1,785	3	1,385	164	6	92	88	1	1,033	70	6	46	34	26	6,586	533
10	Georgia	7	14,579	638	77	383	1,363	1	375	64	..	59	....	2	2,556	137	..	77	....	42	10,400	1,104
11	Idaho	11	12,569	623	59	355	1,239	..	.....	...	..	...	...	..	.....	...	..	...	...	22	3,403	414
12	Illinois	90	221,819	11,769	1,978	6,939	29,067	6	6,553	431	25	210	400	6	5,996	409	25	199	357	52	15,221	1,198
13	Indiana	30	78,878	3,979	693	2,140	7,979	2	148	174	..	110	....	3	1,156	177	..	56	....	19	3,867	287
14	Iowa	44	74,315	4,058	585	2,529	8,169	2	22	66	..	53	....	1	377	60	..	19	....	55	13,530	874
15	Kansas	39	46,880	2,907	427	1,679	5,139	1	2,112	250	..	80	....	3	2,719	253	..	142	....	30	4,826	453
16	Kentucky	21	28,440	2,115	231	1,171	3,226	1	.....	16	..	4	....	6	2,508	240	18	88	79	28	5,822	772
17	Louisiana	11	27,091	1,395	125	877	1,985	2	1,192	122	13	96	229	3	3,966	164	12	89	240	16	7,341	413
18	Maine	5	5,810	358	39	217	369	..	.....	...	..	...	...	..	.....	...	..	...	...	25	8,495	514
19	Maryland	11	27,745	1,989	144	1,720	1,968	..	.....	...	..	...	...	1	.....	16	..	...	...	12	1,129	339
20	Massachusetts	17	44,296	2,294	362	1,676	6,058	1	280	60	..	63	...	2	806	30	14	16	160	44	6,405	800
21	Michigan	31	71,096	4,053	597	2,736	10,364	1	93	50	..	16	...	14	6,999	324	51	184	625	47	13,725	947
22	Minnesota	41	85,598	4,018	630	2,628	9,365	1	238	60	..	61	...	1	126	15	4	10	24	75	20,698	1,170
23	Mississippi	7	8,963	370	39	166	519	1	.....	15	..	6	10	1	533	50	10	10	38	32	15,425	1,121
24	Missouri	39	87,938	5,383	588	3,686	8,766	4	2,078	350	..	203	...	3	5,805	443	..	179	....	41	11,745	932
25	Montana	23	26,985	1,734	261	852	2,909	..	.....	...	..	...	...	3	6,229	156	12	99	60	16	3,180	278
26	Nebraska	20	41,564	2,196	274	1,244	3,514	1	16	45	..	45	....	..	.....	...	..	...	...	53	13,669	965
27	Nevada	1	1,448	52	12	37	93	..	.....	...	..	...	...	3	723	78	12	39	113	2	818	48
28	New Hampshire	5	6,261	360	66	228	748	..	.....	...	..	...	...	1	50	10	..	6	4	2	152	110
29	New Jersey	19	58,813	3,531	445	2,365	6,924	2	107	160	..	81	...	1	646	30	7	21	68	23	4,207	577
30	New Mexico	14	5,627	1,089	79	564	1,389	..	.....	...	..	...	...	5	1,316	217	10	55	83	5	350	126
31	New York	84	161,799	12,321	1,430	8,879	23,317	6	4,810	593	6	394	25	2	321	28	..	16	....	77	25,617	2,603
32	North Carolina	16	15,323	918	106	555	1,469	2	18	97	6	25	...	3	1,188	109	11	47	30	43	20,625	1,468
33	North Dakota	19	26,766	1,595	216	931	3,026	..	.....	...	..	...	...	..	.....	...	..	...	...	10	2,349	126
34	Ohio	48	122,697	6,805	970	4,357	16,036	2	2,328	458	..	324	...	2	210	31	2	8	12	40	9,129	960
35	Oklahoma	9	15,858	835	161	460	2,116	3	1,775	113	16	44	120	1	10	10	1	1	2	62	25,519	1,794
36	Oregon	16	33,113	1,627	271	1,131	3,694	1	103	60	..	59	....	1	220	15	..	4	....	21	6,491	514
37	Pennsylvania	45	90,849	7,169	779	4,895	11,401	5	1,166	358	..	324	....	2	691	85	4	34	46	48	10,490	1,283
38	Rhode Island	3	3,103	392	40	258	421	..	.....	...	..	...	...	..	.....	...	..	...	...	4	548	64
39	South Carolina	4	5,820	210	20	127	230	3	1,212	140	5	101	40	..	.....	...	..	...	...	15	6,756	446
40	South Dakota	15	22,530	1,030	158	597	1,910	..	.....	...	..	...	...	1	417	25	5	11	29	20	4,563	300
41	Tennessee	7	29,421	1,123	136	716	2,651	..	.....	...	..	...	...	1	24	10	..	1	1	38	10,845	812
42	Texas	37	75,794	3,694	444	2,077	8,288	7	3,313	396	23	322	382	9	7,964	485	12	205	126	126	33,831	2,831
43	Utah	6	16,287	983	134	561	3,254	..	.....	...	..	...	...	2	860	56	11	17	110	13	2,110	150
44	Vermont	3	3,982	217	19	120	317	..	.....	...	..	...	...	1	407	33	7	10	67	3	404	36
45	Virginia	4	10,109	573	75	313	1,037	2	2,256	147	14	61	170	5	2,822	180	7	91	82	19	7,389	721
46	Washington	23	52,481	2,900	459	1,762	5,686	..	.....	...	..	...	...	2	1,280	54	6	32	71	36	8,465	723
47	West Virginia	10	14,118	877	103	527	1,084	..	.....	...	..	...	...	2	2,179	114	20	76	35	15	17,713	595
48	Wisconsin	58	111,760	6,289	921	3,918	14,504	1	.....	18	..	12	....	3	404	44	8	24	123	33	7,468	530
49	Wyoming	2	692	50	10	24	61	..	.....	...	..	...	...	2	432	45	6	17	136	9	1,306	124
50	Totals	(1931) 1,011	2,013,352	116,935	15,861	73,911	235,229	76	44,790	5,528	161	3,820	2,054	135	91,166	6,437	421	3,102	4,389	1,560	459,184	36,764
51		(1930) 1,017	.....	116,846	15,615	75,102	.....	77	.....	5,606	149	3,779	.....	146	.....	6,703	461	3,558	.....	1,620	.....	38,557
52		(1929) 1,024	.....	113,555	15,037	75,770	209,726	70	.....	5,283	158	3,027	1,730	145	.....	6,810	467	3,703	4,327	1,611	.....	37,977
53		(1928) 1,056	.....	114,613	13,190	.....	.....	87	.....	5,398	196	.....	.....	157	.....	7,047	437	.....	.....	1,699	.....	39,710
54		(1927) 1,060	.....	108,582	.....	72,813	.....	85	.....	4,955	...	3,193	.....	161	.....	7,032	...	3,604	.....	1,682	.....	39,118

reflected in the number of patients admitted, 44,790, the smallest number admitted by any of the groups contained in the report. The number of fraternal hospitals has declined from 85 five years ago. The capacity, at the same time, has increased from 4,935 to 5,528, and the average daily census of patients has increased from 3,193 to 3,820. The average length of stay per patient is thirty-one days; the births for 1931 numbered 2,054.

INDUSTRIAL OR EMPLOYERS' HOSPITALS

Industrial hospitals have made a sharp decline in number from 161 to 135 during the past five years. which has shrunk from 39,118 five years ago to 36,764 at the present time. In the same half decade the average number of patients dropped from 21,779 to 17,912. Only in the number of births have these proprietary institutions shown any considerable increase. They reported 39,436 births in 1929 and 42,268 in 1931.

INDEPENDENT HOSPITAL ASSOCIATIONS

This group of hospitals represent a large and increasing number of associations usually formed for the express purpose of operating a single hospital in a given community. Some of these 2,015 organizations are incorporated for profit. The entire group admitted

to Agencies Owning or in Control—Continued

or Partnership			Independent						Total Nongovernment Owned						Grand Total—All Hospitals						
Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Marginal No.
133	486	1,346	26	16,562	1,186	98	536	777	70	52,904	3,415	367	1,565	3,630	95	75,450	9,907	459	7,505	5,284	1
13	288	76	4	1,532	180	7	96	99	45	18,509	1,845	135	993	1,683	76	35,078	4,564	206	3,265	2,040	2
50	173	598	15	6,522	613	66	216	367	59	38,728	2,681	234	1,057	1,978	74	49,153	7,808	261	6,146	2,577	3
521	1,688	4,391	102	141,711	7,394	1,076	4,707	16,024	360	299,878	16,936	2,429	10,352	31,971	407	462,477	55,981	2,999	44,460	39,862	4
113	396	714	25	8,700	2,035	85	1,380	531	91	56,716	5,991	501	3,727	5,170	110	85,286	12,663	593	9,110	6,456	5
28	327	175	46	79,403	5,445	688	3,639	11,741	66	108,765	7,058	933	4,863	15,840	87	113,538	15,857	957	12,941	16,020	6
8	12	...	7	11,064	625	88	373	1,259	9	12,687	717	106	423	1,259	14	13,247	1,814	106	1,416	1,259	7
8	70	54	13	32,876	1,636	268	1,141	3,057	24	34,211	2,366	334	1,588	3,737	36	78,309	10,801	477	5,783	6,950	8
94	203	697	27	14,840	1,159	169	467	1,233	63	30,796	2,536	371	1,028	2,820	88	50,504	8,602	512	6,333	4,501	9
117	526	538	32	22,607	1,548	181	716	1,783	84	50,517	3,491	375	1,761	3,684	114	98,048	12,783	539	10,074	7,166	10
65	144	324	6	2,283	139	23	73	223	39	18,255	1,176	187	572	1,786	56	24,212	3,025	246	2,098	2,279	11
174	636	894	105	177,496	10,304	1,773	6,300	27,076	250	426,455	24,395	3,017	14,394	57,704	344	569,167	69,630	4,285	54,418	64,869	12
51	115	313	21	19,675	1,363	190	745	2,121	75	103,724	5,980	844	3,166	10,404	146	151,610	21,999	1,126	17,353	14,040	13
162	392	1,237	26	20,134	1,192	192	666	1,951	128	108,378	6,250	989	3,659	11,357	171	137,343	18,015	1,070	14,678	13,020	14
80	213	561	24	13,723	825	123	404	1,333	97	70,260	4,088	630	2,518	7,033	132	89,391	12,695	727	9,495	8,176	15
74	345	249	25	15,265	975	98	491	376	81	52,055	4,118	421	2,009	3,930	114	79,947	13,166	574	10,240	5,666	16
35	163	456	21	26,238	1,373	103	771	2,117	53	65,738	3,467	286	1,986	5,027	67	120,042	12,397	358	10,287	7,689	17
128	295	869	31	25,653	1,607	246	1,032	2,199	61	39,958	2,459	413	1,544	3,437	73	43,800	6,400	431	5,773	3,589	18
12	255	101	27	43,154	3,492	297	2,578	4,231	51	72,028	5,836	453	4,553	6,330	87	103,463	15,705	566	12,925	7,366	19
203	479	1,456	146	200,723	12,229	2,149	8,163	28,377	210	252,510	15,513	2,728	10,897	36,051	295	332,536	54,304	3,293	44,617	42,162	20
154	480	1,377	52	103,069	5,719	761	3,610	13,172	145	195,243	11,081	1,563	7,026	25,538	198	304,087	42,936	2,012	32,342	32,673	21
265	573	2,404	48	70,763	3,321	389	2,040	5,602	166	177,183	8,584	1,288	5,312	17,395	224	220,233	25,668	1,507	20,826	20,956	22
135	392	737	20	11,700	872	82	281	621	61	36,021	2,428	266	855	1,925	77	54,031	8,007	325	5,997	2,822	23
233	446	1,031	28	34,473	2,097	291	1,295	3,276	115	142,039	9,205	1,112	5,889	13,073	153	195,781	26,578	1,571	22,000	17,425	24
59	106	439	5	3,237	205	35	101	274	47	39,631	2,393	367	1,158	3,722	64	44,332	4,873	408	3,365	3,932	25
188	408	1,277	9	6,369	521	58	401	744	83	61,618	3,667	520	2,098	5,535	107	69,674	9,780	573	7,761	6,053	26
8	33	55	...	.....	.....	...	.....	.....	6	2,989	178	32	109	261	21	5,382	965	49	685	476	27
2	68	...	26	20,747	1,220	221	716	2,039	34	27,210	1,700	289	1,018	3,381	47	31,317	4,770	317	3,709	3,610	28
60	320	418	72	137,587	8,617	1,200	5,984	19,147	117	201,960	12,915	1,712	8,771	26,557	160	250,543	37,190	2,143	29,213	30,588	29
5	97	30	8	1,645	254	27	160	138	32	11,938	1,686	121	876	940	48	17,045	3,870	150	2,492	1,087	30
520	1,562	6,922	264	540,841	30,413	4,174	21,458	70,423	433	733,388	45,958	6,130	32,309	100,687	593	1,009,504	143,025	7,093	118,821	117,730	31
95	817	824	65	44,088	3,586	399	1,748	3,188	129	81,242	6,208	617	3,192	5,511	158	94,635	15,416	705	11,277	6,214	32
42	60	352	11	6,324	259	95	119	761	40	30,443	1,980	353	1,118	4,720	53	38,720	4,118	379	3,365	3,932	33
85	451	411	98	136,363	7,427	1,104	4,733	15,964	193	270,727	15,561	2,161	10,073	32,423	269	342,754	47,296	2,726	39,821	37,155	34
228	768	2,295	17	13,411	706	61	350	950	92	56,573	3,458	467	1,653	5,483	126	84,721	11,573	566	9,204	6,671	35
82	240	560	25	14,481	993	153	505	1,598	64	54,498	3,269	506	1,939	5,832	84	67,765	8,723	543	7,201	6,462	36
195	705	1,565	202	177,594	24,547	3,133	17,269	43,259	302	486,780	33,436	4,710	28,239	58,577	576	577,760	74,444	4,593	59,744	61,102	37
6	41	2	16	24,838	2,032	301	1,249	3,598	23	28,189	2,488	347	1,528	4,421	33	34,331	6,535	359	5,730	4,470	38
39	213	242	24	19,564	1,250	113	707	1,395	46	31,352	2,046	177	1,148	1,907	64	44,531	6,338	236	5,186	2,716	39
61	141	568	13	8,400	515	91	219	947	49	35,919	1,930	315	968	3,454	65	41,658	5,083	346	3,923	3,718	40
50	329	275	35	26,261	2,143	179	1,398	1,738	81	66,551	4,088	374	2,314	4,065	109	101,886	12,957	504	10,346	7,281	41
300	1,128	2,242	70	47,913	3,055	331	1,463	2,898	243	168,815	10,461	1,119	5,195	13,936	305	229,097	28,601	1,395	20,615	18,816	42
23	40	216	4	2,962	138	19	74	275	25	22,159	1,327	187	692	3,855	34	27,074	2,507	211	1,788	4,312	43
7	15	80	18	16,394	1,370	138	1,165	1,591	25	21,187	1,656	171	1,310	2,055	33	22,603	3,117	172	2,305	2,057	44
53	415	377	54	54,639	3,265	355	1,891	4,086	84	77,215	4,824	504	2,771	5,752	114	110,405	16,460	580	13,750	6,608	45
161	316	1,198	23	27,416	1,742	290	982	3,267	84	89,642	5,419	916	3,092	10,222	121	111,487	15,772	973	12,191	10,846	46
76	272	477	31	38,616	2,242	200	1,334	1,556	57	72,626	3,828	399	2,100	3,152	78	92,205	8,687	455	6,761	3,521	47
109	232	775	43	42,644	2,665	349	1,644	5,192	138	162,366	9,546	1,387	5,830	20,584	229	205,597	27,897	1,553	21,817	22,409	48
24	41	230	5	1,902	182	27	80	137	18	4,332	401	67	162	564	29	13,491	2,053	129	1,507	1,401	49
5,352	17,912	42,268	2,015	2,714,406	166,927	22,437	107,350	318,251	4,797	5,322,898	332,591	44,232	206,695	602,191	6,613	7,155,976	974,115	51,494	775,396	708,889	50
5,233	19,948	.....	2,047	.....	168,431	21,823	110,198	.....	4,907	.....	336,143	43,281	212,645	.....	6,719	.....	955,869	49,584	763,382	.....	51
5,212	20,604	39,436	2,011	.....	160,971	21,003	106,177	283,136	4,870	.....	324,590	41,877	209,881	538,355	6,665	.....	907,133	47,939	720,766	621,806	52
4,843	.....	.....	2,040	.....	158,832	18,975	.....	.....	5,659	.....	325,300	37,641	.....	.....	6,582	.....	892,934	43,313	.....	.....	53
.....	21,779	.....	2,010	.....	148,482	.....	100,196	.....	4,998	.....	308,149	.....	201,675	.....	6,807	.....	833,318	.....	671,832	.....	54

Rather less is the decline in the number of beds, from 6,703 to 6,437 during the last year. The number of patients, at the same time, dwindled from 3,558 to 3,102. The comparatively large number of patients admitted, 91,166, of course reflects the short average stay of patients in industrial hospitals.

INDIVIDUAL AND PARTNERSHIP HOSPITALS

The classification of individual and partnership hospitals shows evidence of a more rapid decline than any other group. There is, to be sure, still a comparatively large number, 1,560, of hospitals operated by individuals either singly or in partnership, the capacity of 2,714,406 patients in 1931, whose average length of stay in the hospital was fourteen days. They have a capacity of 166,927 beds, and their average daily census of patients is 107,350, only slightly below the corresponding figure for 1930. The number of births increased during the past two years from 283,136 to 318,251. This increase is explained, at least in part, by the general increased use of hospitals for maternity cases; also it is further explained by the fact that most of the hospitals maintained by independent hospital associations are general hospitals, nearly all of which have maternity services.

(CONTINUED ON PAGE 2070)

TABLE 2.—*Number and Capacity of Hospitals According to Type of Service, Together with Number of Patients Admitted*

Marginal No.	State	General						Nervous and Mental				Tuberculosis				Maternity					Industrial					Convalescent and Rest					Marginal No.
		Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Average Patients	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	
1	Alabama	71	62,941	4,500	387	2,385	4,677	4	549	4,385	4,402	4	325	244	..	170	1	117	50	30	43	84	2	6,496	337	38	225	518	1	..	10	..	8	1
2	Arizona	37	29,485	2,455	171	1,461	1,583	1	219	600	778	25	1,345	1,180	..	889	..	.....	.....	..	.....	.....	10	4,029	250	35	119	457	..	.....	.....	..	.....	2
3	Arkansas	57	40,576	2,878	248	1,407	2,163	2	1,773	3,650	3,901	2	1,179	526	..	520	1	40	48	4	2	32	4	4,008	325	7	107	47	..	.....	.....	..	.....	3
4	California	256	420,035	26,844	2,614	18,325	37,893	27	4,132	20,178	19,217	46	5,441	4,475	..	3,859	14	2,951	560	245	192	1,725	16	10,367	847	40	506	244	13	864	520	..	296	4
5	Colorado	69	66,806	6,208	521	3,897	5,815	8	1,769	3,562	3,315	16	1,859	2,040	..	1,480	1	407	25	15	12	273	4	4,231	356	20	168	308	2	360	46	9	44	5
6	Connecticut	40	106,862	5,848	943	3,893	15,921	14	2,208	7,321	7,066	8	1,092	1,224	..	1,118	1	141	10	2	3	64	..	.....	.....	..	.....	.....	6	209	99	..	83	6
7	Delaware	9	12,828	721	106	415	1,259	2	203	945	887	2	150	124	..	91	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	.....	1	66	24	..	23	7
8	District of Columbia	19	65,738	5,159	376	3,712	5,876	2	851	4,744	4,401	2	308	250	..	209	2	2,819	129	90	86	1,504	..	.....	.....	..	.....	.....	2	151	33	..	21	8
9	Florida	70	50,614	3,948	409	2,048	4,463	6	1,037	4,201	4,028	1	78	60	..	50	1	.....	8	6	5	.....	1	1,033	70	6	46	34	1	.....	50	..	35	9
10	Georgia	85	86,728	4,918	500	2,766	7,110	7	1,058	6,364	6,238	5	782	621	..	503	2	90	42	34	28	56	2	2,556	137	..	77	.....	..	.....	.....	..	.....	10
11	Idaho	46	23,260	1,603	234	853	2,208	3	274	1,201	1,050	1	190	132	..	132	1	71	8	12	2	71	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	11
12	Illinois	231	406,402	29,768	3,653	18,566	59,670	30	14,397	32,214	30,376	27	5,142	3,603	..	3,189	9	7,670	668	569	216	4,003	6	5,366	409	25	193	357	5	1,783	233	..	171	12
13	Indiana	93	131,696	7,433	1,083	3,851	12,847	16	1,681	12,014	11,588	8	1,373	1,208	..	1,104	1	1,805	68	33	67	1,185	3	1,156	177	..	56	....	3	63	61	..	13	13
14	Iowa	128	120,030	6,856	974	3,972	12,344	15	2,324	9,577	9,661	6	734	776	..	668	4	740	131	93	46	656	1	377	60	..	19	....	1	22	50	..	42	14
15	Kansas	100	82,095	5,400	718	2,938	8,050	11	1,324	6,045	5,734	3	367	338	..	283	1	175	40	9	35	126	3	2,719	253	..	142	....	..	.....	.....	..	.....	15
16	Kentucky	81	70,045	4,917	537	2,600	5,519	9	1,860	6,428	6,308	5	843	1,034	10	966	1	91	53	9	39	68	7	2,808	255	18	93	79	1	120	10	..	2	16
17	Louisiana	46	113,860	5,606	346	4,168	7,449	6	2,102	5,489	5,232	3	124	270	..	187	..	.....	.....	..	.....	.....	3	3,996	164	12	89	240	1	251	30	..	20	17
18	Maine	58	41,305	2,749	393	1,764	3,373	5	454	2,954	2,856	5	444	534	..	458	3	450	38	38	19	217	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	18
19	Maryland	40	89,262	5,710	564	4,050	7,596	18	2,236	7,825	7,140	9	1,057	1,262	2	1,169	..	.....	.....	..	.....	.....	1	.....	16	..	.....	.....	4	103	113	..	105	19
20	Massachusetts	161	285,435	19,000	2,066	13,729	36,709	34	1,040	26,420	24,500	39	4,452	4,512	..	3,446	12	6,616	435	408	208	5,293	2	7806	30	14	16	160	6	805	201	..	155	20
21	Michigan	149	257,585	16,825	1,736	10,703	27,294	18	3,726	18,982	16,486	21	3,303	3,287	..	2,906	6	14,706	1,523	210	1,157	4,593	17	6,876	366	74	205	625	2	750	274	..	202	21
22	Minnesota	158	194,502	10,362	1,402	6,870	19,970	15	2,143	11,450	10,933	16	1,610	1,533	..	1,765	3	1,369	155	85	104	808	3	1,300	65	18	37	178	9	2,607	398	..	186	22
23	Mississippi	65	49,749	2,976	309	1,283	2,751	4	1,813	4,275	4,222	2	365	324	..	293	1	267	25	6	5	33	1	533	50	10	10	58	..	.....	.....	..	.....	23
24	Missouri	101	161,550	10,247	1,066	6,834	13,633	17	3,996	12,450	12,245	6	1,636	1,377	..	1,276	6	3,155	339	293	217	3,792	3	5,805	443	..	179	....	2	376	57	..	31	24
25	Montana	55	37,908	2,933	385	1,525	3,892	1	.....	1,550	1,582	1	.....	156	..	142	1	...	8	8	6	...	3	6,229	156	12	19	60	..	.....	.....	..	.....	25
26	Nebraska	87	67,672	4,262	535	2,388	5,069	5	593	4,868	4,565	1	163	156	..	140	1	97	8	15	2	97	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	26
27	Nevada	14	4,012	456	37	311	363	1	70	225	286	1	72	58	..	30	..	.....	.....	..	.....	.....	4	741	86	12	42	113	..	.....	.....	..	.....	27
28	New Hampshire	33	29,190	1,859	297	1,206	3,408	2	403	2,330	2,226	2	210	210	..	160	1	108	22	18	8	108	1	50	10	..	6	4	1	..	10	2	3	28
29	New Jersey	86	224,377	11,829	1,832	8,333	30,501	23	3,901	18,824	16,501	16	3,778	3,038	..	2,493	2	46	284	284	1	....	1	646	30	7	21	68	7	875	558	..	390	29
30	New Mexico	28	14,189	1,227	132	693	1,004	2	257	758	660	11	1,283	1,408	..	1,150	..	.....	.....	..	.....	.....	5	1,316	217	10	55	83	..	.....	.....	..	.....	30
31	New York	320	840,039	46,143	5,800	33,998	95,117	64	7,361	73,434	66,578	61	14,008	9,258	29	8,483	21	29,233	1,725	1,185	1,117	21,115	3	632	56	..	33	....	34	14,926	2,007	..	1,739	31
32	North Carolina	100	85,724	6,032	669	3,430	6,003	9	883	6,973	6,223	25	1,241	1,600	..	1,263	1	80	6	6	1	24	3	1,188	109	11	47	59	2	104	41	..	17	32
33	North Dakota	43	26,878	2,121	319	1,153	4,009	3	585	2,403	2,241	1	250	240	..	208	2	218	26	48	9	256	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	33
34	Ohio	152	302,561	16,879	2,170	11,351	32,394	30	6,013	23,517	23,574	17	3,399	2,697	..	2,226	12	5,777	396	331	214	4,747	2	210	31	2	8	12	6	799	433	..	213	34
35	Oklahoma	104	76,410	4,826	535	2,640	6,481	6	1,685	5,085	5,762	6	1,043	742	..	687	1	232	25	30	12	188	1	10	10	1	1	2	..	.....	.....	..	.....	35
36	Oregon	56	58,803	3,478	478	2,264	6,210	6	930	4,197	4,234	4	573	415	..	396	4	324	117	59	54	252	1	220	15	..	4	....	2	222	42	..	24	36
37	Pennsylvania	225	519,658	30,829	3,748	20,957	55,302	45	6,265	33,335	31,227	21	6,168	4,295	..	3,795	15	9,204	868	558	542	5,748	2	691	85	4	34	46	11	2,540	476	32	390	37
38	Rhode Island	17	27,736	3,051	204	2,236	2,105	4	615	2,366	2,661	3	795	530	..	458	2	2,646	169	155	108	2,395	..	.....	.....	..	.....	.....	1	25	20	..	15	38
39	South Carolina	44	41,545	2,552	226	1,365	2,716	2	1,013	2,053	3,236	8	648	553	..	466	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	.....	..	.....	39
40	South Dakota	58	40,567	2,742	341	1,646	3,689	3	395	2,622	2,688	1	255	240	..	150	..	.....	.....	..	.....	.....	1	417	25	5	11	29	..	.....	.....	..	.....	40
41	Tennessee	67	59,707	5,508	481	4,010	7,110	10	1,867	5,179	5,095	9	1,246	1,071	..	955	1	68	36	12	16	42	1	24	10	..	1	1	1	125	25	..	10	41
42	Texas	231	206,343	12,101	1,350	6,445	18,566	15	3,161	12,570	11,551	19	3,811	2,578	..	1,968	3	175	40	28	12	134	10	8,231	507	12	211	126	2	50	58	..	26	42
43	Utah	26	25,588	1,482	186	851	3,866	3	426	883	880	..	.....	.....	..	.....	1	260	28	14	7	236	2	800	56	11	17	110	..	.....	.....	..	.....	43
44	Vermont	21	21,376	1,109	165	659	1,970	4	453	1,725	1,791	3	267	166	..	135	..	.....	.....	..	.....	.....	1	307	33	7	10	67	..	.....	.....	..	.....	44
45	Virginia	78	97,409	6,617	537	4,164	6,458	8	2,169	7,579	7,767	6	1,330	1,007	..	938	1	35	6	22	2	20	5	2,822	180	7	91	82	1	100	50	..	40	45
46	Washington	82	102,758	7,111	916	4,332	10,433	9	1,210	6,350	6,374	10	1,921	1,010	..	845	4	423	103	51	65	342	2	1,280	54	6	32	71	3	271	38	..	20	46
47	West Virginia	60	57,665	4,051	423	2,123	3,486	4	631	3,478	3,655	7	1,092	807	..	719	..	.....	.....	..	.....	.....	1	2,179	114	20	76	35	..	.....	.....	..	.....	47
48	Wisconsin	120	184,065	10,761	1,468	6,614	22,572	51	3,319	15,642	12,724	22	2,158	1,893	..	1,758	1	...	50	35	24	108	2	208	28	8	19	123	2	212	66	..	45	48
49	Wyoming	22	12,792	913	114	388	1,265	3	235	1,056	1,080	1	22	33	..	22	..	.....	.....	..	.....	.....	2	432	45	6	17	136	..	.....	.....	..	.....	49
50	Totals.....(1931)	4,309	6,321,861	384,333	45,434	247,560	641,823	587	97,889	451,245	427,135	509	80,562	65,923	41	56,088	145	91,496	8,078	5,032	4,737	61,393	142	93,415	6,476	438	3,118	4,543	133	28,628	6,123	43	4,429	50
51	(1930)	4,302	.....	371,609	43,941	240,384	.....	561	.....	437,919	415,042	515	.....	65,940	18	56,372	151	.....	6,527	4,486	4,126	.....	135	.....	6,875	474	3,646	.....	162	.....	7,374	77	5,034	51
52	(1929)	4,268	.....	357,034	42,715	234,009	561,754	572	.....	414,586	395,407	502	.....	61,310	53	50,707	136	.....	5,434	4,023	3,412	53,019	152	.....	7,004	479	3,824	4,423	149	.....	6,474	75	4,588	52
53	(1928)	4,361	.....	365,337	38,339	.....	.....	533	.....	394,268	.....	508	.....	62,113	23	.....	164	.....	5,902	3,621	.....	.....	169	.....	7,290	449	.....	.....	171	.....	7,347	69	.....	53
54	(1927)	4,322	.....	345,364	.....	228,084	.....	563	.....	373,364	349,067	508	.....	63,170	..	50,784	178	.....	5,747	.....	3,695	.....	168	.....	7,039	...	3,712	.....	159	.....	8,143	..	5,580	54

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TABLE 2.—*Number and Capacity of Hospitals According to Type of Service, Together with Number of Patients Admitted—Continued*

Marginal No.	State	Isolation					Children's						Eye, Ear, Nose and Throat						Orthopedic						Hospital Departments of Institutions						All Other Hospitals						Totals						Marginal No.
		Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births	
1	Alabama	..	.....	...	..	...	1	491	20	3	7	5	..	.....	...	..	...	..	1	937	50	34	9	3,504	206	1	166	..	1	.....	15	..	5	..	95	75,450	9,907	459	7,505	5,284	1
2	Arizona	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	3	.....	70	..	28	..	..	.....	...	..	...	..	76	35,078	4,564	206	3,265	2,040	2
3	Arkansas	..	.....	...	..	...	1	252	82	..	30	..	..	.....	...	..	...	..	..	.....	...	..	...	..	5	875	248	..	165	..	2	200	51	2	14	15	74	49,135	7,808	231	6,146	2,257	3
4	California	2	21	125	8	2	4	9,471	364	..	257	..	2	2,080	51	..	25	3	1,690	159	134	14	4,073	1,728	..	1,429	..	10	1,962	374	2	208	..	407	462,477	55,981	2,909	44,460	30,802	4
5	Colorado	2	368	94	..	54	1	3,342	147	28	107	..	..	.....	...	..	...	..	..	.....	...	..	...	..	7	6,114	185	..	63	..	..	.....	...	..	...	..	110	85,286	12,663	503	9,110	6,456	5
6	Connecticut	3	1,408	250	..	80	..	.....	...	..	...	..	..	.....	...	..	...	..	1	134	200	104	13	2,359	871	12	541	35	1	865	24	..	23	..	87	115,538	15,857	957	12,941	16,020	6
7	Delaware	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	14	13,277	1,814	106	1,416	1,259	7
8	Dist. Columbia	1	.....	41	..	....	1	3,833	171	11	108	..	3	5,402	116	..	65	..	..	.....	...	..	...	..	4	297	218	..	181	..	..	.....	...	..	...	..	36	79,309	10,861	477	8,783	7,380	8
9	Florida	..	.....	...	..	...	1	570	26	..	8	..	..	.....	...	..	...	..	1	79	30	12	6	2,503	209	1	101	4	..	.....	...	..	...	..	88	56,504	8,602	512	6,333	4,501	9
10	Georgia	1	431	50	..	....	1	919	50	3	26	..	..	.....	...	..	...	..	2	626	150	59	6	1,826	335	..	234	..	3	3,632	126	2	83	..	114	98,648	12,703	539	10,074	7,166	10
11	Idaho	1	4	10	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	3	413	61	..	19	..	1	.....	10	..	2	..	56	24,212	3,025	246	2,098	2,279	11
12	Illinois	4	5,671	573	..	336	3	6,948	332	36	229	..	3	5,742	263	..	170	2	269	180	142	24	10,347	1,257	2	824	..	..	.....	...	..	...	..	344	559,167	69,630	4,985	54,418	64,930	12
13	Indiana	4	.....	38	..	....	1	3,085	210	..	183	..	2	152	19	..	4	..	..	.....	...	..	...	..	14	4,681	757	8	576	..	1	428	14	..	11	..	146	151,610	21,060	1,196	17,353	14,040	13
14	Iowa	4	529	95	..	15	..	.....	...	..	...	..	1	.....	10	..	...	..	..	.....	...	..	...	..	10	3,597	453	3	255	..	1	60	6	..	...	..	171	137,342	18,015	1,070	14,678	13,020	14
15	Kansas	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	14	2,711	619	..	363	..	..	.....	...	..	...	..	132	89,391	12,695	727	9,495	8,176	15
16	Kentucky	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	1	274	60	48	8	3,926	372	..	178	..	1	.....	37	..	35	..	114	79,947	13,166	574	10,240	5,666	16
17	Louisiana	1	383	125	..	15	..	.....	...	..	...	..	1	5,115	68	..	30	1	153	60	60	4	7	210	..	134	..	1	81	425	..	322	..	67	126,042	12,397	358	10,287	7,689	17
18	Maine	1	34	25	..	2	1	483	160	..	74	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	73	43,800	6,400	431	5,173	3,560	18
19	Maryland	1	1,359	110	..	65	..	.....	...	..	...	..	2	4,004	110	..	34	2	404	260	150	9	2,468	329	..	201	..	1	.....	30	..	11	..	87	103,463	15,705	566	12,925	7,506	19
20	Massachusetts	7	2,403	566	4	233	7	6,624	680	92	516	..	1	7,720	219	12	135	5	7,875	760	575	20	4,206	1,117	6	719	..	10	4,554	415	1	295	..	295	332,536	54,304	3,203	44,617	42,162	20
21	Michigan	6	1,606	313	4	121	1	5,789	239	..	229	..	1	3,173	150	..	86	1	200	50	48	13	5,844	883	8	439	161	3	920	44	..	19	..	238	304,087	42,696	2,012	32,342	22,673	21
22	Minnesota	4	115	95	2	9	..	.....	...	..	...	..	1	10,150	191	..	135	3	2,136	380	330	9	3,970	457	..	379	..	3	322	182	..	148	..	224	220,233	25,668	1,507	20,826	20,956	22
23	Mississippi	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	4	1,394	157	..	84	..	..	.....	...	..	...	..	77	54,031	8,097	325	5,997	2,822	23
24	Missouri	2	3,222	220	..	105	2	5,593	252	12	280	..	1	6,110	14	..	7	1	387	120	110	10	3,116	778	..	647	..	2	935	81	..	69	..	153	195,781	26,578	1,371	22,090	17,425	24
25	Montana	1	.....	35	..	5	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	2	195	35	2	6	..	..	.....	...	..	...	..	64	44,332	4,873	408	3,365	3,952	25
26	Nebraska	2	12	45	11	1	..	.....	...	..	...	..	..	.....	...	..	...	..	1	108	120	99	8	727	287	10	198	56	2	302	34	2	18	..	107	69,674	9,780	573	7,411	6,053	26
27	Nevada	..	.....	...	..	...	1	487	40	..	16	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	21	5,382	965	49	685	476	27
28	New Hampshire	1	69	61	..	2	1	343	20	..	20	..	..	.....	...	..	...	..	..	.....	...	..	...	..	5	54	108	..	68	..	..	.....	...	..	...	..	47	21,317	4,770	317	3,709	3,610	28
29	New Jersey	6	3,322	911	12	407	2	802	95	..	53	..	4	4,751	112	5	67	5	3,050	711	412	14	4,168	625	3	421	19	3	767	173	..	94	..	169	230,543	37,190	2,143	29,213	30,588	29
30	New Mexico	..	.....	...	..	...	1	.....	30	8	14	..	..	.....	...	..	...	..	..	.....	...	..	...	..	1	.....	109	..	10	..	..	.....	...	..	...	..	48	17,045	3,870	150	2,492	1,087	30
31	New York	8	10,159	1,245	..	520	6	10,033	821	39	579	469	11	30,742	750	2	454	13	13,648	1,677	1,318	50	17,175	4,581	38	2,374	29	8	7,128	1,228	..	1,048	..	590	1,009,504	143,025	7,665	118,821	117,730	31
32	North Carolina	..	.....	...	..	...	5	987	200	13	98	147	4	3,087	72	..	25	1	327	160	137	7	1,014	215	6	59	..	1	.....	8	..	6	..	158	84,635	15,416	705	11,277	6,214	32
33	North Dakota	2	94	63	..	3	..	.....	...	..	...	..	1	675	15	1	10	..	..	.....	...	..	...	..	1	.....	50	..	28	..	..	.....	...	..	...	..	53	38,720	4,918	368	3,652	4,235	33
34	Ohio	3	258	150	3	24	5	7,250	704	8	359	..	7	2,263	72	2	21	3	253	174	134	29	13,277	2,355	10	1,655	2	3	694	68	..	42	..	269	342,754	47,296	2,526	39,821	37,155	34
35	Oklahoma	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	2	619	65	29	6	4,722	220	..	73	..	..	.....	...	..	...	..	126	84,721	11,573	566	9,204	6,671	35
36	Oregon	1	595	70	6	14	2	2,347	115	..	54	..	1	1,650	38	..	14	1	193	60	59	5	1,234	141	..	52	..	1	604	35	..	32	..	84	67,765	8,723	543	7,201	6,462	36
37	Pennsylvania	6	5,832	1,386	..	486	6	8,361	482	4	325	..	3	6,068	188	5	117	8	1,325	719	591	29	5,738	1,787	..	1,191	6	5	949	196	..	129	..	376	572,790	74,444	4,331	59,764	61,162	37
38	Rhode Island	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	4	220	124	..	92	..	2	2,194	275	..	160	..	33	34,331	6,535	359	5,730	4,470	38
39	South Carolina	..	.....	...	..	...	..	.....	...	..	...	..	1	275	15	..	5	1	308	60	61	7	682	193	..	50	..	1	.....	12	..	3	..	64	44,531	6,358	236	5,186	2,716	39
40	South Dakota	..	.....	...	..	...	1	.....	24	..	15	..	..	.....	...	..	...	..	..	.....	...	..	...	..	1	144	30	..	15	..	..	.....	...	..	...	..	65	41,658	5,083	246	3,922	5,718	40
41	Tennessee	2	250	150	3	132	1	1,609	73	11	47	128	6	3,804	116	..	25	3	1,223	146	58	6	1,286	275	..	44	..	2	84	28	..	5	..	109	101,883	12,937	504	10,346	7,281	41
42	Texas	1	37	70	..	....	2	804	95	5	51	..	6	2,747	110	..	38	2	580	83	69	11	2,207	778	..	427	..	3	771	51	..	19	..	305	229,097	28,601	1,395	20,615	18,816	42
43	Utah	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	1	.....	40	30	1	.....	18	..	3	..	..	.....	...	..	...	..	34	27,074	2,507	211	1,788	4,312	43
44	Vermont	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	4	100	84	..	20	..	..	.....	...	..	...	..	33	22,603	3,117	172	2,595	2,057	44
45	Virginia	1	218	60	..	8	1	.....	26	..	16	..	1	.....	25	..	4	..	..	.....	...	..	...	..	12	6,412	910	14	550	68	..	.....	...	..	...	..	114	110,405	16,460	580	13,750	6,008	45
46	Washington	2	332	126	..	18	..	.....	...	..	...	..	..	.....	...	..	...	..	1	1,319	135	113	8	1,953	645	..	392	..	..	.....	...	..	...	..	121	111,487	15,772	973	12,191	10,846	46
47	West Virginia	..	.....	...	..	...	..	.....	...	..	...	..	1	333	10	..	3	2	275	80	75	3	100	127	..	110	..	..	.....	...	..	...	..	78	92,205	8,687	453	6,761	3,521	47
48	Wisconsin	6	1,478	400	..	120	1	5,353	155	..	144	..	..	.....	...	..	...	..	..	.....	...	..	...	..	10	1,462	457	12	343	12	4	8,212	165	10	46	4	229	205,507	27,807	1,553	21,817	22,490	48
49	Wyoming	..	.....	...	..	...	..	.....	...	..	...	..	..	.....	...	..	...	..	..	.....	...	..	...	..	1	10	6	..	...	..	..	.....	...	..	...	..	29	13,491	2,053	120	1,767	1,401	49
50	Totals..(1931)	86	40,210	7,603	50	2,857	60	83,416	5,463	273	3,923	749	64	118,762	2,774	27	1,444	68	37,842	6,509	5,151	434	131,201	25,421	137	16,249	392	76	35,604	4,107	19	2,845	19	6,613	7,155,976	974,115	51,494	775,396	708,889	50
51	(1930)	88	.....	7,608	44	2,490	62	.....	5,597	258	3,756	...	73	.....	2,702	14	1,433	64	.....	6,346	5,301	460	.....	27,232	109	17,855	...	126	.....	10,140	95	7,943	..	6,719	.....	955,869	49,584	763,382	.....	51
52	(1929)	86	.....	7,422	29	2,677	61	.....	5,443	248	3,586	802	68	.....	2,646	12	1,263	61	.....	5,943	4,768	473	.....	24,732	170	15,784	277	127	.....	9,305	79	6,943	1,539	6,665	.....	907,133	47,939	726,766	621,896	52
53	(1928)	92	.....	8,479	113	.....	65	.....	5,669	257	.....	...	77	.....	2,879	21	.....	64	.....	5,713	.....	529	.....	22,831	161	.....	...	99	.....	7,066	9	.....	...	6,825	.....	892,934	43,313	.....	.....	53
54	(1927)	98	.....	8,895	...	3,264	58	.....	5,050	...	3,487	...	77	.....	2,832	...	1,502	62	.....	5,595	4,456	530	.....	21,030	...	12,453	...	84	.....	6,189	..	5,139	..	6,807	.....	853,318	.....	671,832	.....	54

(CONTINUED FROM PAGE 2067)

HOSPITALS ACCORDING TO TYPE OF SERVICE

The differentiation and classification of hospitals according to type of service has been a natural development. There are, for example, the general hospital, the hospital for nervous and mental patients, for those

Total Patient Days and Average Length of Stay in Hospitals According to Control

	1923	1929	1931	Percentage of Increase 1923 to 1931	Average Length of Stay (Days)
Federal	12,752,005	16,802,045	19,301,565	51.4	64
State	95,571,600	132,875,330	144,132,370	50.8	370
County	11,966,525	19,347,810	22,944,630	91.7	66
City	15,281,100	15,400,600	17,101,710	11.9	25
City-county	1,113,980	4,152,240	4,294,590	285.5	39
Total governmental	136,685,210	188,663,025	207,794,865	52.0	113
Church	17,901,790	27,656,050	26,977,515	50.7	13
Fraternal	1,161,235	1,323,855	1,394,300	19.8	31
Industrial	1,123,835	1,351,595	1,132,230	0.7	12
Individual or partnership	9,908,445	7,520,460	6,537,880	52.9*	14
Independent associations	34,920,010	38,754,605	39,182,750	12.2	14
Total nongovernmental	65,107,335	76,606,565	75,224,675	15.5	14
Grand total, all hospitals	201,792,545	265,269,590	283,019,540	42.0	40

* Decrease.

suffering from tuberculosis, and various other types. The general hospital naturally constitutes by far the largest group.

GENERAL HOSPITALS

In communities that are only large enough to support one hospital, and this is true of the majority of communities in the United States, that hospital will be general. General hospitals have about held their own in number, since there were 4,322 in 1927 and 4,309 in 1931. But they have increased steadily in number of beds. The total bed capacity is 384,333, the largest capacity ever shown by this group. There are, in addition, 45,434 bassinets. The general hospitals last year admitted 6,321,861 patients, about 88 per cent of all patients admitted to all hospitals during the year. Another evidence of the importance of general hos-

Total Patient Days and Average Length of Stay in Hospitals According to Types of Service

	1929	1930	1931	Average Length of Stay (Days)
General	85,413,285	87,740,160	90,359,400	14
Nervous and mental	144,323,355	151,490,330	155,904,275	1,593
Tuberculosis	18,508,035	20,375,780	20,472,120	254
Maternity	1,245,380	1,705,960	1,729,005	19
Industrial	1,305,760	1,330,790	1,138,070	12
Convalescent and rest	1,674,020	1,837,410	1,616,585	57
Isolation	977,105	908,850	1,035,505	26
Children's	1,308,800	1,376,040	1,366,395	17
Eye, ear, nose and throat	460,985	523,045	527,060	5
Orthopedic	1,740,320	1,934,865	1,872,815	50
Hospital departments of institutions	5,688,160	6,517,075	5,930,885	45
All other hospitals	2,593,465	2,890,195	1,038,425	29
Totals	265,269,580	278,634,430	283,019,540	40

pitals is the fact that in them there were 641,823 births, out of a total of 708,889 births in all hospitals. The general hospitals, therefore, conduct 90 per cent of all the maternity service in all hospitals—in fact, they take care of more than ten times as many births as the maternity hospitals themselves. The average number of patients in general hospitals has shown a constant and rather decided increase in each annual census, being 247,560 for the year 1931.

The rate of occupancy in general hospitals was 64.4 in 1931 as compared with 65.5 for the year 1929. It is in the general hospitals that the majority of interns receive their fifth year in medicine; here, also, the majority of the schools of nursing are conducted. The term "general" is usually understood to include the care of all kinds of sickness and injuries with the exception of mental conditions, contagious diseases and tuberculosis. Those types of cases, however, will occasionally be included among the patients of all general hospitals —in fact, the present survey shows that 313 general hospitals have wards, buildings or departments set aside for mental patients. It is not unusual for a general hospital to have a tuberculosis ward, building or department; and a place for the isolation of contagious or infectious cases is a necessity generally provided for.

HOSPITALS FOR NERVOUS AND MENTAL PATIENTS

Hospitals for nervous and mental patients have continued to increase in number during the last year, but data on this point must be interpreted with care. While the Register of Hospitals lists 587 such institutions this year, as against 561 last year, some of the addi-

Unoccupied Beds in Hospitals

	Unoccupied Beds (Average)		
	1929	1930	1931
(I) According to Ownership or Control			
Federal	13,868	13,082	16,289
State	21,664	25,030	24,344
County	12,625	13,086	14,511
City	14,688	15,184	14,497
City-county	2,807	2,607	2,582
Church	37,785	41,684	43,024
Fraternal	1,656	1,827	1,708
Industrial	3,107	3,145	3,335
Individual or partnership	17,373	18,609	18,852
Independent associations	54,794	58,233	59,577
Total unoccupied beds, all hospitals	180,367	192,487	198,719
(II) According to Type of Service			
General	123,025	131,225	136,773
Nervous and mental	18,979	22,877	24,110
Tuberculosis	10,603	9,568	9,835
Maternity	2,022	2,401	3,341
Industrial	3,180	3,229	3,358
Convalescent and rest	1,886	2,340	1,694
Isolation	4,745	5,118	4,766
Children's	1,857	1,841	1,640
Eye, ear, nose and throat	1,383	1,269	1,330
Orthopedic	1,175	1,045	1,438
Hospital departments of institutions	9,148	9,377	9,172
All other hospitals	2,364	2,197	1,262
Total unoccupied beds, all hospitals	180,367	192,487	198,719

tions to this list represent changes in classification made possible by more complete information rather than the building of new institutions.

The bed capacity in this group of hospitals has experienced a more definite increase, the figures growing from 437,919 in 1930 to 451,245 in 1931. The number of patients during the same period has grown from 415,042 to 427,135. These figures recall the conditional statement made in the Hospital Number of THE JOURNAL two years ago to the effect that there would be a half million patients in mental hospitals in the United States by 1934.

The Council has this year, for the first time, collected data regarding the number of admissions to hospitals. According to reports received, the first admissions to nervous and mental hospitals for the year numbered 97,889. Complete data regarding discharges are not available.

The increase in bed capacity and patient population of mental hospitals has taken place almost entirely in federal and state institutions. This would naturally be true in a year of economic depression, and it is more true of mental hospitals than of others, because here the custodial aspect of hospital care is more dominant.

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In this connection the average period of a patient's hospitalization is interesting. In mental hospitals last year it was 1,593 days. In tuberculosis hospitals it was 254 days. In general hospitals it was 14 days. Such figures raise questions as to how long a patient ought to be hospitalized and what criteria should determine the length of his stay; and if a patient remains for a longer period, the question arises whether the care given him is primarily custodial or therapeutic. If a hospital bed is occupied by the same patient for five successive years, is it a hospital bed and is he a

Percentage of Beds Occupied in Hospitals According to Types of Service

	1929	1930	1931
General	65.5	64.7	64.4
Nervous and mental	95.7	94.8	94.6
Tuberculosis	82.7	85.5	85.0
Maternity	62.8	63.2	58.6
Industrial	54.6	53.0	48.1
Convalescent and rest	70.9	68.3	72.3
Isolation	36.1	32.7	38.6
Children's	65.9	67.0	69.9
Eye, ear, nose and throat	47.7	53.0	52.0
Orthopedic	80.2	85.5	78.1
Hospital departments of institutions	63.0	65.5	63.9
All other hospitals	74.6	78.3	69.2
Total hospitals	80.1	79.8	79.6

patient? While other mental patients may be truly ill and receiving hospital care, this particular patient may be disabled rather than ill and his bed may have no rightful place in hospital statistics. In any case, the data given regarding mental hospital capacities and patient populations must be interpreted with care before comparisons are made with other groups of hospitals in which custodial care is quite exceptional and therapy the primary reason for every day's hospitalization.

Increased attention has been called to the mental hospital group this year by a survey now being conducted by the Council on Medical Education and Hospitals, and already nearing completion. Thus far two steps have been taken in this investigation. Questionnaires have been mailed to all mental hospitals, and personal visits have been made to nearly all of them. The responses from these hospitals have been unusually hearty and, as a result, a great body of information never before in the Council's possession is now being organized and prepared for publication.

The treatment of mental patients has by no means been confined to mental hospitals. Three hundred and thirteen general hospitals report that they have separate departments for mental patients. These departments have a combined capacity of 12,066, and last year their total admissions were 78,122. A larger number of mental patients are being treated in outpatient departments of mental hospitals and in mental hygiene clinics. Many of these were formerly patients in mental hospitals and are still carried on parole.

TUBERCULOSIS HOSPITALS

Whether or not patients suffering from tuberculosis should be admitted to general hospitals has been a question under discussion, and it is generally believed that such patients can be handled in general hospitals safely and often to the convenience and economic advantage of the community. Just the extent to which general hospitals have instituted tuberculosis departments is not known. It is known, however, that special hospitals for tuberculosis number 509, with a bed capacity of 65,923. They admitted 80,562 patients last year, and the average daily census of patients in those hospitals was 56,088. Tuberculosis hospitals remain practically stationary in number but have increased in bed capacity since 1927 from 63,170 to 65,923. The average daily census of patients in those hospitals has increased in the same time from 50,784 to 56,088.

MATERNITY HOSPITALS

Maternity hospitals number 145, showing a constant decrease in number from 178 five years ago. They admitted 91,496 patients, and the average daily census of patients in those hospitals was 4,737. The total births numbered 61,363. Maternity hospitals, although becoming fewer in number, show a decided increase in bed capacity as well as in the number of bassinets and the number of births.

INDUSTRIAL HOSPITALS

As the result, no doubt, of the depression, industrial hospitals have decreased during the past year from a capacity of 6,875 beds to 6,476 beds. The number of bassinets has dropped from 474 to 438, and the average daily census of patients from 3,646 to 3,118. It is only in the number of births in industrial hospitals, 4,543, that this type of institution has held its ground. The apparent slump here is due not only to the business depression but also, doubtless, to the fact that some industries which heretofore have hospitalized their own patients are now making use of other hospitals in the communities.

CONVALESCENT AND REST HOSPITALS

In no other type of institution is there indicated a more decided decrease during the past year than in the institutions for convalescence and rest. First, there is a decrease in number from 162 to 133 and in bed capacity from 7,374 to 6,123, while the average daily census of patients dropped from 5,034 to 4,429.

Percentage of Beds Occupied in Hospitals According to Ownership or Control

	1929	1930	1931
Federal	76.8	79.2	76.5
State	94.6	93.8	94.2
County	80.7	82.2	81.2
City	74.3	75.9	76.3
City-county	80.2	81.6	82.0
Governmental	88.9	88.8	88.7
Church	66.7	64.2	63.2
Fraternal	68.7	67.4	69.0
Industrial	54.4	53.1	48.2
Individual or partnership	54.2	51.7	48.7
Independent associations	65.9	65.4	64.3
Nongovernmental	64.6	63.2	61.9
All hospitals	80.1	79.8	79.6

ISOLATION HOSPITALS

The census shows that there are 86 isolation hospitals which admitted 40,210 patients during the last year, the average number of patients being 2,837. There is little change in the number and capacity of this type of institution, except an increase of about 400 for the year in the average daily census of patients. But if the statistics on isolation hospitals are taken for a five year period, there has been a decrease of 12 hospitals and of 1,200 beds. Part of this general decrease may be due to the increased use of general hospitals for certain types of contagious diseases.

CHILDREN'S HOSPITALS

The 60 existing children's hospitals with their 5,463 beds and 273 bassinets admitted 83,416 patients last year; the average daily census of patients was 3,823.

Evidently the practice of pediatrics is carried on to a much larger extent in the pediatric departments of general hospitals than in children's hospitals. The amount of work handled by children's hospitals seems to about keep pace with the increase in population. It is not unusual to find the care of children combined,

Increase in Eight Years According to Ownership or Control

Control	Hospitals		Bed Capacity		Aver. Patients	
	1923	1931	1923	1931	1923	1931
Federal	220	291	53,869	69,170	34,937	52,881
State	601	576	392,708	419,282	261,840	394,598
County	465	508	46,571	77,373	32,785	62,862
City	415	364	64,599	61,351	42,140	46,854
City-county	55	77	4,701	14,348	3,052	11,766
Total governmental	1,756	1,816	471,548	641,524	374,754	569,301
Church	893	1,011	77,941	116,935	49,046	73,911
Fraternal	97	76	5,043	5,328	3,187	3,830
Industrial	146	135	5,750	6,457	5,079	5,102
Ind vidual or partnership	1,762	1,560	45,719	36,764	27,393	17,912
Independent associations	2,196	2,015	149,341	166,927	95,674	107,350
Total nongovernmental	5,094	4,797	283,774	332,581	178,379	206,095
Grand total, all hospitals	6,850	6,613	755,322	974,115	553,133	775,396

in small institutions, with a maternity service, and in some instances with orthopedics or throat, nose and ear services.

EYE, EAR, NOSE AND THROAT HOSPITALS

The census of hospitals from year to year indicates a decline in this classification until, at the present, there are only 64 in the Register with a total bed capacity of 2,774 and an average daily census of 1,444 patients. There were 113,762 patients admitted. The majority of these hospitals are maintained by, or for, individual practitioners. The average length of stay per patient is five days.

ORTHOPEDIC HOSPITALS

The growth of orthopedic hospitals, which now number 68 with a total bed capacity of 6,569, seems to offer some justification for maintenance as specialized institutions. Figures are not obtainable by which the work of these institutions could be compared with that of the orthopedic departments of general hospitals. Reference to table 2 will enable the reader to trace the advance in the number and capacity of orthopedic hospitals. They admitted 37,842 patients during the last fiscal year.

Summary of Growth of Hospitals, 1909 to 1931

	Federal Hospitals		State Hospitals		All Other Hospitals		Total	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
1909	71	8,827	232	189,049	4,056	223,189	4,359	421,065
1914	93	12,602	294	232,834	4,650	287,045	5,037	532,481
1918	110	18,815	303	202,254	4,910	331,182	5,323	612,251
1923	220	53,869	601	392,708	6,009	346,645	6,830	755,722
1928	294	61,765	595	369,759	5,963	461,410	6,852	892,934
1931	291	69,170	576	419,282	5,746	485,663	6,613	974,115

HOSPITAL DEPARTMENTS OF INSTITUTIONS

The census of hospitals would not be complete without taking account of the small institutional hospitals maintained by schools, homes and other custodial institutions for the care of their own sick inmates. While there are 434 such hospitals, they have a capacity of 25,421 beds and an average of only 16,249 patients. Evidence seems to show that institutions are hospitalizing their patients in the existing hospitals of the community to an increasing extent.

ALL OTHER HOSPITALS

Hospitals that do not belong in any of the preceding classifications number 76 and have a total capacity of 4,107. They include such hospitals as those for pellagra, goiter, proctology and diabetes, and a few others.

LABORATORIES IN HOSPITALS

Laboratories in hospitals have increased faster than the number of hospitals. This growth can easily be noted in the accompanying table, in which it will be seen that the number of laboratories has mounted from 3,035 in 1923 to 4,233 in 1931, a gain of 39.5 per cent in eight years. In California alone, the number of hospital laboratories increased during the past eight years

Laboratories, Roentgen-Ray Departments, Schools of Nursing and Social Service Departments

State	Laboratories		X-Ray Departments		Schools of Nursing		Social Service Departments
	1923	1931	1923	1931	1927	1931	1931
Alabama	43	63	35	71	40	43	7
Arizona	27	26	18	35	3	4	5
Arkansas	30	52	29	55	26	16	5
California	163	231	184	269	55	61	87
Colorado	53	64	46	70	21	20	13
Connecticut	43	55	40	51	23	23	18
Delaware	8	10	6	11	5	7	4
Dist. of Columbia	17	21	19	19	13	12	15
Florida	26	57	26	67	18	16	14
Georgia	47	86	38	87	44	39	10
Idaho	26	31	27	38	9	10	1
Illinois	174	250	171	263	128	133	49
Indiana	63	98	67	103	54	50	19
Iowa	110	103	110	130	54	39	12
Kansas	74	82	70	96	57	43	9
Kentucky	44	80	42	84	29	29	8
Louisiana	37	53	33	53	20	17	10
Maine	32	40	30	52	31	30	8
Maryland	43	58	34	56	28	25	18
Massachusetts	140	178	118	186	94	97	63
Michigan	91	148	93	179	48	48	46
Minnesota	106	116	102	149	56	60	23
Mississippi	40	56	36	66	39	36	5
Missouri	75	112	67	111	42	44	27
Montana	27	35	30	43	17	14	3
Nebraska	58	59	55	50	27	18	5
Nevada	9	6	9	13	..	..	..
New Hampshire	21	33	16	35	22	22	2
New Jersey	77	111	77	119	45	55	52
New Mexico	28	22	21	25	2	2	5
New York	249	377	242	401	142	143	176
North Carolina	76	113	63	114	..	49	12
North Dakota	25	28	21	34	16	17	1
Ohio	139	189	134	179	72	80	56
Oklahoma	49	91	46	100	36	21	7
Oregon	27	39	29	55	15	12	8
Pennsylvania	245	274	212	209	165	153	121
Rhode Island	13	17	9	16	9	11	13
South Carolina	24	43	19	44	30	29	9
South Dakota	35	47	31	45	19	19	3
Tennessee	50	75	43	73	34	32	17
Texas	92	215	77	230	72	65	18
Utah	17	15	13	26	6	6	4
Vermont	12	20	11	22	12	12	3
Virginia	48	88	38	91	43	41	12
Washington	54	68	64	84	26	29	10
West Virginia	37	60	40	66	42	40	4
Wisconsin	86	121	85	139	38	41	22
Wyoming	15	17	15	21	7	4	5
Totals	3,035	4,233	2,841	4,615	1,814	1,788	1,044

from 163 to 231; in Georgia from 47 to 86; Illinois, 174 to 250; Kentucky, 44 to 80; New York, 249 to 377; Oklahoma, 49 to 91; Texas, 92 to 215, and Virginia, 48 to 88.

Through the inspection of hospitals, and also by the Council's survey of pathologists and clinical pathologists, it is learned that practically all hospitals of standing—whether they train interns or not—have their laboratory work supervised by competent physician-pathologists.

ROENTGEN-RAY DEPARTMENTS

From 2,841 roentgen-ray departments in 1923 to 4,615 at the present time, or an increase of 62 per cent in eight years, is the record which hospitals have set. The state of New York, which reported 242 roentgen-ray departments eight years ago, now has 401. Large

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increases are registered for Florida, Kentucky, New Hampshire, Oklahoma, South Carolina, Utah, Vermont and Virginia, each of which has a growth of 100 per cent or more over the number of roentgen-ray departments reported in 1923. Through the inspection of hospitals and correspondence with those which are not inspected we are able to know that the hospitals which had not already made arrangements to have the roentgen-ray work supervised by competent physician-radiologists are rapidly establishing such services.

SCHOOLS OF NURSING

The number of schools of nursing, as shown in the accompanying table, includes all schools that are approved by their respective state boards of nursing examiners. Schools that are affiliated on a basis approved by the state boards are also included. The figures, which indicate a decline in the number of schools from 1,814 to 1,788, require some study and interpretation. For example, North Carolina is credited with 49 schools in 1931 and with none in 1927, because in the former year the board of nursing examiners in that state had not established its list of accredited schools. A considerable number of hospitals have discontinued their schools of nursing. Some hospitals also have had recognition of their schools withdrawn by their state board of nurse examiners. Arkansas in the past five years has reduced its number of schools of nursing from 26 to 16; Georgia, 44 to 30; Iowa, 54 to 39; Kansas, 57 to 43; Nebraska, 27 to 18; Oklahoma, 36 to 21; Wyoming, 7 to 4, and Texas, with an increase of 28 hospitals for that period, shows a decrease of schools of nursing from 72 to 65.

SOCIAL SERVICE DEPARTMENTS

This year, for the first time, the census included the social service departments by asking each hospital whether it has such a department. An affirmative reply was made by 1,044 hospitals. No definition or qualification was placed on the term "social service department." As would be expected, New York leads with a total of 176, followed by Pennsylvania with 121; California, 87; Massachusetts, 63; Ohio, 56, and New Jersey, 52.

PHYSICIANS CONNECTED WITH HOSPITALS

With each annual census, particular attention is paid to the number of physicians connected with hospitals. By the census of 1931, it is learned that 116,363 physicians have hospital connection. Serving as superintendents or administrative officers are 2,346 physicians; interns, 7,054; resident physicians, 4,580, and staff, including regular, consultant and courtesy staffs, and physicians bringing patients occasionally, 102,383. Under interns were included those who were taking their fifth year in medicine, or hospital year; also those who were continuing their internship for a second or third year of additional experience and some who were serving partial terms as interns pending the beginning of their regular internships. Under resident physicians were included those who are receiving training in some specialty as well as those who were engaged on salary to do the work of a resident, whether actually residing in a hospital building or not.

In order to find out the actual number of physicians on the regular, consultant and courtesy staffs, including those who occasionally use the hospital, it was necessary to eliminate duplicates. The Committee on the Costs of Medical Care, using the Council's lists of physicians connected with hospitals in ten representative states in 1928, found by actual count that the duplicate appointments constituted thirty-four one hundredths of the total. Since this factor of duplication is presumably applicable to all states, and since it would not change materially from year to year, the coefficient 0.34 was employed to eliminate duplicates from our 1931 census, which gives a net total of 116,363 physicians connected with hospitals. This is comparable with 90,903 physicians connected with hospitals in 1928.

Physicians Connected with Hospitals

State	Physicians Serving as Superintendents	Interns	Resident Physicians	Staff*	Total, 1931	Total, 1928
Alabama	31	35	30	900	1,086	950
Arizona	37	...	8	480	525	364
Arkansas	35	21	30	790	876	603
California	146	419	390	6,882	7,837	6,422
Colorado	41	34	69	1,982	2,126	1,418
Connecticut	30	126	116	1,669	1,941	1,351
Delaware	4	9	13	222	248	180
Dist. of Columbia	20	127	80	1,188	1,415	825
Florida	33	22	29	928	1,012	729
Georgia	48	80	69	1,363	1,560	1,143
Idaho	20	1	...	230	251	259
Illinois	103	576	212	6,684	7,575	5,467
Indiana	45	113	64	2,591	2,813	1,960
Iowa	48	83	38	2,006	2,178	1,865
Kansas	32	26	33	1,287	1,378	1,141
Kentucky	50	48	48	1,412	1,558	1,084
Louisiana	27	160	66	1,218	1,471	1,060
Maine	27	12	16	646	701	645
Maryland	39	194	207	1,832	2,272	2,041
Massachusetts	109	391	373	5,995	6,868	5,770
Michigan	90	304	280	3,562	4,236	3,425
Minnesota	81	179	69	2,779	3,108	2,543
Mississippi	39	8	19	534	600	480
Missouri	66	289	105	3,374	3,834	2,919
Montana	22	3	27	329	381	304
Nebraska	40	46	40	858	984	820
Nevada	14	...	...	56	70	84
New Hampshire	11	5	8	456	480	402
New Jersey	56	277	171	3,712	4,216	3,099
New Mexico	21	...	11	185	217	202
New York	216	1,603	888	16,162	18,869	15,163
North Carolina	52	48	60	1,620	1,780	1,209
North Dakota	13	2	2	336	353	288
Ohio	78	361	242	4,733	5,414	4,483
Oklahoma	42	33	34	1,023	1,132	921
Oregon	24	42	15	980	1,061	986
Pennsylvania	115	719	282	7,638	8,754	6,889
Rhode Island	14	42	32	1,101	1,189	888
South Carolina	22	38	25	716	801	617
South Dakota	23	...	8	268	299	270
Tennessee	57	100	70	1,368	1,595	1,252
Texas	117	129	113	3,574	3,933	2,379
Utah	16	22	2	324	364	250
Vermont	10	12	8	360	390	273
Virginia	40	96	63	1,361	1,560	1,357
Washington	44	65	29	1,606	1,735	1,311
West Virginia	35	31	20	817	903	656
Wisconsin	50	123	75	2,011	2,259	1,778
Wyoming	13	...	...	124	137	128
Totals	2,346	7,054	4,580	102,383	116,363	90,903

* Duplicates eliminated.

PHYSICIANS' OFFICES IN HOSPITALS

Inquiry was made as to whether any physicians have offices in the hospital, where they meet their private ambulatory patients in the same way that they see patients in their own offices. This, it is recognized, is different from an outpatient service conducted under the auspices of the hospital. Nine hundred and fifty-three hospitals reported that physicians do see their own private ambulatory patients in the hospital, and it appears that most of these have an office, or office hours, in the hospital. The number of physicians using hospital facilities in this way is 4,510, and the number of ambulatory patients is 731,351.

HOSPITALS IN THE UNITED STATES POSSESSIONS

Although Alaska, the Canal Zone and the insular possessions of the United States are scattered far and are not dependent on one another, the statistics regarding their hospital service are for convenience shown in one table. Their 202 hospitals are not included in the 6,613 hospitals included in the main report.

Reports were received from 90 registered hospitals in the Philippine Islands as compared to 76 one year ago. The number of hospitals in other territories remains about stationary, with a slight increase in the number of beds and the average daily census of patients.

Hospitals in United States Possessions

	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births
Alaska	17	1,785	445	45	218	126
Canal Zone	10	16,605	1,986	40	1,386	982
Guam	1	2,777	120	...	104	90
Hawaii	42	24,693	4,328	141	2,992	1,690
Philippine Islands	90	53,734	8,340	325	5,914	4,962
Porto Rico	40	5,250	2,554	88	1,750	298
Virgin Islands	2	.....	128	12	64	.....
Totals	202	104,844	17,901	651	12,458	7,548

OUTPATIENT DEPARTMENTS OF HOSPITALS

Outpatient departments were reported by 2,042 hospitals. The number of visits made by outpatients during the year was told us by 1,361 hospitals, and the total number of visits reported amount to 23,431,382,

Outpatient Service by States—Comparing 1927 and 1931

State	Number of Outpatient Departments 1927	Number of Outpatient Departments 1931	Number of Outpatients 1927	Number of Outpatients 1931	Number of Visits by Outpatients 1927	Number of Visits by Outpatients 1931
Alabama	34	27	83,337	54,500	95,391	231,403
Arizona	41	27	171,592	85,388	33,088	253,219
Arkansas	17	13	8,043	34,740	10,343	38,135
California	116	117	558,569	478,664	762,819	1,752,486
Colorado	26	22	36,868	23,764	56,408	109,982
Connecticut	20	32	60,109	97,628	82,903	153,306
Delaware	10	9	20,346	14,606	3,424	36,595
Dist. of Columbia	20	16	46,957	104,983	139,469	224,430
Florida	28	29	23,453	43,796	60,824	110,317
Georgia	35	33	184,654	55,243	335,926	359,784
Idaho	13	9	2,535	4,045	6,205	16,207
Illinois	97	91	357,044	319,379	471,363	991,405
Indiana	38	30	51,301	56,002	87,960	196,846
Iowa	35	28	44,551	52,600	52,576	90,417
Kansas	39	31	87,787	81,890	24,345	203,939
Kentucky	43	27	61,396	86,664	23,821	138,884
Louisiana	25	21	318,490	39,696	220,891	319,862
Maine	19	27	23,420	22,918	42,637	84,300
Maryland	43	33	111,089	180,733	476,891	615,486
Massachusetts	113	122	271,950	354,491	1,059,847	1,636,043
Michigan	73	82	275,445	258,252	710,566	1,189,370
Minnesota	49	45	145,356	129,375	223,491	336,379
Mississippi	20	25	34,048	15,368	27,803	37,588
Missouri	43	38	122,718	164,136	378,590	448,508
Montana	19	15	85,059	26,173	31,575	74,265
Nebraska	24	16	25,766	17,531	62,556	40,802
Nevada	7	4	6,994	2,728	14,863	19,948
New Hampshire	18	22	5,841	9,447	23,507	18,773
New Jersey	89	85	250,210	306,047	468,258	930,146
New Mexico	21	15	31,342	41,268	25,780	146,068
New York	216	230	1,528,776	1,753,315	3,907,752	6,373,959
North Carolina	65	69	62,922	99,218	82,282	150,667
North Dakota	8	7	8,117	9,506	965	7,131
Ohio	84	80	116,097	221,872	708,783	781,039
Oklahoma	34	35	73,611	63,569	106,007	164,202
Oregon	15	17	22,572	33,388	5,335	122,475
Pennsylvania	199	191	723,640	911,651	2,163,924	2,827,412
Rhode Island	18	15	40,780	39,587	124,499	160,531
South Carolina	18	25	39,509	56,274	63,579	121,761
South Dakota	18	14	22,104	11,503	50,569	70,982
Tennessee	27	34	81,343	126,903	153,281	357,680
Texas	73	69	196,315	182,906	179,867	453,888
Utah	8	9	32,221	4,822	19,145	27,691
Vermont	10	10	4,273	8,215	3,461	12,119
Virginia	40	39	94,689	72,405	129,666	240,372
Washington	41	31	67,953	63,440	51,686	160,740
West Virginia	28	29	40,660	20,020	42,717	68,804
Wisconsin	42	39	64,803	36,123	54,543	232,412
Wyoming	11	8	17,527	25,022	3,216	31,374
Totals	2,130	2,042	6,750,388	6,962,724	13,804,566	23,431,382

as compared with 13,804,566 visits by outpatients in 1927. The questionnaire by which these results were obtained simply asked: "Is there an outpatient department, or outpatient clinic, maintained by the hospital?" and if so, "Total number of outpatients last fiscal year. . . . Total visits by outpatients last fiscal year." Purposely, no limit was placed on the size or other qualifications necessary to constitute an outpatient department. The accompanying table of outpatient service by states, comparing 1927 and 1931, serves to show a slight decrease in the number of outpatient departments, but an increase in number of outpatients and the number of outpatient visits during the past five years, the only period for which comparable figures are available.

Especially significant is the number of visits per outpatient in 1927 as compared with 1931. In 1927 the 6,750,388 outpatients made 13,804,566 visits, a ratio of one and nine-tenths visits per outpatient. In 1931, the 6,962,724 outpatients made 23,431,382 visits,

Outpatient Departments of Hospitals According to Number of Visits by Patients During the Year

Outpatient departments having less than 1,000 visits during 1931	296
From 1,000 to 4,999	383
From 5,000 to 19,999	386
From 20,000 to 99,999	255
100,000 and over	39
Not reporting number of visits	681
Total outpatient departments reported	2,042

a ratio of three and four-tenths visits per outpatient. The number of times that a patient goes to the outpatient department measures the efficiency of the work of that department.

CLASSIFICATION

(*a*) *Hospitals and Sanatoriums;* (*b*) *Related Institutions.*—In this issue for the second time the list of hospitals registered by the American Medical Association is given in two sections, (*a*) 5,130 hospitals and sanatoriums, and (*b*) 1,483 related institutions.

The related institutions, because of their special or limited nature, do not deserve to be regarded as hospitals but are, so far as we know, entirely ethical and render a needed nursing or medical service to their communities.

Among the related institutions will be noted some that bear the name of general hospitals. The majority of these have been found lacking in some of the services that are usually found in a general hospital.

Hospitals, Sanatoriums and Related Institutions

	Hospitals	Patients Admitted	Beds	Bassinets	Average Patients	Births
Hospitals and sanatoriums	5,130	6,851,403	823,744	49,283	651,983	698,328
Related institutions	1,483	304,574	150,371	2,211	123,413	10,561
Total registered hospitals	6,613	7,155,976	974,115	51,494	775,396	708,889

Among the essential features, one or more of which is usually lacking in these small institutions, are adequate laboratory service, staff organization, radiologic service, record system, and consultation to safeguard the best interests of patients.

Among the 6,613 institutions appearing on the registered list are 5,130 hospitals having a capacity of 823,744 beds, and 1,483 related institutions with a total capacity of 150,371 beds.

HOW THE FACTS WERE OBTAINED

The figures shown in these articles were obtained through: (1) reports made by the hospitals themselves using a form which is ordinarily filled out in the superintendent's office and signed by the superintendent; (2) verification, when necessary, and additional facts, if desired, obtained by special correspondence; (3) by inspection, and (4) finally, the Association's county correspondents, district councilors and others.

The response of hospitals in cooperating with the Association to make the census as complete as possible has been highly gratifying.

HOSPITALS REFUSED REGISTRATION

Not included in any of the lists of statistics in this issue are 490 institutions which because of alleged unethical or criminal practices, admission to their staffs

Hospitals Not Registered by the American Medical Association

State	Number of Hospitals	Beds	Bassinets
Alabama	2	40	7
Arizona	2	40	6
Arkansas	7	172	17
California	67	2,320	333
Colorado	15	552	44
Connecticut	..	.....	...
Delaware	..	.....	...
Dist. of Columbia	..	.....	...
Florida	16	280	25
Georgia	2	35	6
Idaho	3	94	11
Illinois	30	1,026	107
Indiana	17	842	33
Iowa	14	433	38
Kansas	22	616	58
Kentucky	8	202	8
Louisiana	1	26	2
Maine	5	61	14
Maryland	4	81	...
Massachusetts	10	307	67
Michigan	17	511	90
Minnesota	8	212	14
Mississippi	2	90	1
Missouri	30	1,572	63
Montana	5	81	10
Nebraska	22	550	77
Nevada	1	20	..
New Hampshire	1	25	..
New Jersey	4	131	8
New Mexico	1	20	1
New York	23	640	182
North Carolina	6	183	4
North Dakota	3	55	3
Ohio	28	779	83
Oklahoma	18	451	38
Oregon	7	245	23
Pennsylvania	21	388	44
Rhode Island	1	60	..
South Carolina	1	22	2
South Dakota	3	120	11
Tennessee	9	149	2
Texas	21	559	34
Utah	..	...	..
Vermont	..	...	..
Virginia	3	54	4
Washington	16	395	47
West Virginia	2	60	12
Wisconsin	10	365	21
Wyoming	2	85	10
Totals	490	14,968	1,560

of members who are seriously unqualified, either morally or professionally, flagrant methods of advertising or for other valid reasons, are deemed unworthy of being included in any published list of reputable hospitals. The exclusion of such institutions from the Council's published lists marks the development of an aggressive campaign to establish safeguards against irresponsible or malicious institutions which are a menace to the public. For these reasons, therefore, they are excluded from lists of institutions held out as worthy of receiving the public's patronage. The 490 unregistered institutions have only 14,968 beds.

HOSPITALS AS EDUCATIONAL INSTITUTIONS

Retrenchments which all hospitals have had to make in expenditures as the result of current economic circumstances do not seem to have affected internships in any readily discernible way. More positions are being offered than ever before and the keen competition among hospitals for suitable interns continues. The explanation probably lies in the fact that an intern corps is a relatively small drain on the financial resources of a hospital when the type of service which the interns are prepared to give is considered.

On the other hand, economic conditions are making interns timorous of entering active practice in the face of limited opportunities and strong established competition. We find them remaining longer in hospitals and protracting their term of training as senior interns, assistant residents or the like.

This presentation of statistics reveals 691 approved hospitals offering 6,054 internships. These are the highest figures yet attained. In 1914, when the first accurate statistics on internships were collected by the American Medical Association, 508 hospitals were provisionally approved, in which 2,667 interns were employed. The actual conditions under which interns serve are in much greater contrast than the figures indicate. Eighteen years ago hospitals were not anxious to have interns. Many of them were unmindful of the future importance to medical education of intern training. However, the years witnessed a steady increase in the interest which hospitals were developing regarding internships. This trend is largely explained by the fact that the medical colleges were producing far better qualified graduates, men who because of real ability were welcome within the hospitals. Furthermore, hospitals had for a long time been interested in education, a development first exemplified by the rise in standards for nursing education and the attention that was being focused on hospitals as the principal means for self improvement on the part of the average staff member. In other words, it was not difficult for individual hospitals to develop a consciousness of their true educational importance.

THE AVERAGE APPROVED INTERNSHIP HOSPITAL OF 1932

The table presents in compact form some of the characteristics of the present internship hospital. Six hundred and nineteen hospitals, offering 6,054 openings, compete strongly for the 4,735 members in graduating classes. This is a discrepancy of 1,319 positions as contrasted with 1,019 positions in 1931. These figures tell in realistic fashion the popularity which the intern enjoys in hospitals.

The difference in the totals of columns three and one represents the tendency on the part of hospitals to retain interns for a second year of intern service. Three hundred and eighty-nine interns are employed in excess of the number of graduates. It also represents the willingness of many interns to defer the plunge into actual practice under present conditions.

The figures in the table are presented by states in order to illustrate certain facts about the distribution of interns, where the greatest demand lies for their services and also which localities produce the greatest number. It will be seen that in most cases the production and demand go hand in hand; that is, the populous centers which need a greater number of doctors usually produce the most. Notable exceptions are Nebraska, which produces four times the actual number of interns that are serving in that state, whereas New Jersey produces none and offers 244 positions.

The fifth and sixth columns indicate in quite convincing fashion the present incomplete coverage of available clinical material. No intern can successfully serve the number of patients which forty-two beds represent in the average hospital—daily occupancy and average length of stay considered. Some hospitals still require their interns in addition to other duties to maintain acceptable charts on all admissions. The result of this practice is bad from the standpoint both of the records and of the interns. On the one hand

the charts are hurriedly and sketchily compiled and on the other the interns develop hasty and slipshod tendencies entirely incompatible with present careful methods of study.

Characteristics of Internship Hospitals

State	Number of Med. Grad.	No. of Internships Offered	No. of Interns (Actual)	No. of Hospitals Approved	Total Bed Capacity App. Hosp.	Beds per Intern	Interns per Hosp.
Alabama	...	27	21	4	954	45	5
Arizona	...	1	1	1	184	184	1
Arkansas	222	11	7	4	706	101	2
California	183	410	369	37	15,023	41	10
Colorado	48	40	27	12	4,155	154	2
Connecticut	48	110	97	17	4,736	49	6
Delaware	6	6	1	300	33	6
Dist. of Columbia	230	97	109	12	4,768	44	9
Florida	...	24	20	5	1,082	54	4
Georgia	73	59	47	7	1,385	32	7
Idaho	...	...	...	...	...	...	...
Illinois	701	541	421	53	15,785	38	8
Indiana	102	107	102	15	4,389	43	7
Iowa	90	79	63	11	2,684	43	6
Kansas	78	26	22	5	1,125	51	4
Kentucky	87	54	51	8	1,954	62	4
Louisiana	100	133	140	8	3,798	27	17
Maine	...	10	8	4	705	88	2
Maryland	160	207	178	16	5,895	27	11
Massachusetts	592	301	296	31	10,785	51	7
Michigan	213	256	235	25	10,857	46	9
Minnesota	123	131	88	19	5,369	61	5
Mississippi	...	...	...	...	...	...	...
Missouri	191	267	251	24	6,960	30	10
Montana	...	4	2	2	291	145	1
Nebraska	161	50	39	11	2,055	53	4
Nevada	...	...	...	...	...	...	...
New Hampshire	...	4	2	1	140	70	2
New Jersey	...	244	226	36	9,578	42	6
New Mexico	...	...	...	...	...	...	...
New York	645	1,225	889	93	34,656	35	11
North Carolina	...	35	38	11	1,783	47	4
North Dakota	...	4	2	2	340	170	1
Ohio	196	305	285	36	11,438	40	8
Oklahoma	43	31	15	5	1,392	96	3
Oregon	59	40	35	5	1,450	42	7
Pennsylvania	517	682	597	78	23,366	39	8
Rhode Island	...	31	28	4	1,250	45	7
South Carolina	41	24	26	4	693	27	7
South Dakota	...	...	...	...	...	...	...
Tennessee	154	84	58	10	2,547	44	6
Texas	145	108	82	20	5,244	64	4
Utah	...	21	19	5	1,297	67	4
Vermont	31	5	4	1	145	36	4
Virginia	141	66	66	9	2,583	39	7
Washington	...	50	52	13	3,304	64	4
West Virginia	...	17	20	4	896	45	5
Wisconsin	106	130	110	22	5,372	51	5
Wyoming	...	...	...	...	...	...	...
Totals	4,735	6,054	5,124	691	213,369	42	7

The comparison between columns six and seven is a further indication that not many hospitals in the United States are overstaffed with interns—if twenty-five beds per intern may be accepted as representing an ideal ratio. Actually a few hospitals do provide more interns than one for each twenty-five beds, but the great majority of institutions do not reach these figures and in some instances are grossly understaffed.

FUTURE INTERNSHIPS

More and more hospitals each year are asking for approval based on a genuine compliance with the "Essentials of a Hospital Approved for Interns." The necropsy requirement of 15 per cent on hospital deaths, which proved a stumbling block for many, presents no longer any marked difficulty. Other features that are desirable in an educational program must in the future be emphasized. In place of the size of hospitals and actual amount of clinical material, greater consideration may be placed on how the clinical material is used and whether it is sufficiently diversified. Above all, much more complete dependence must be placed on the teaching ability of the staff. The approved internship hospital of the future will no doubt take on more and more the aspects of an organized educational institution with teaching duties designated to capable staff members. Quite possibly a recurring evaluation at periodic intervals of the results being obtained in the training of interns will occur and the correction of obviously faulty or inadequate methods will result. The internship committee is becoming a more and more important body, and none but the ablest staff members should be included in its membership.

COMPENSATION FOR INTERNS

Reference to the table, which presents the latest available figures, will furnish indisputable proof that compensation in itself is still an unimportant consideration in the choice of internships. It will be noticed that although a greater number of hospitals must pay their interns in order to attract applicants, even so fewer interns are paid. The large hospitals using more interns per hospital usually offer such valuable teaching opportunities as to make the receipt of a salary a minor consideration. The smaller general hospitals in which organized teaching is relatively meager find themselves unable to compete with the larger institutions unless a financial consideration is introduced as an attraction. The best salaries are paid by the service hospitals (army, navy, public health), which are established by government pay tables according to rank and length of service.

Salaries of Interns in Approved Hospitals, 1923-1930

	Number of Hospitals					Number of Interns				
	1923	1925	1927	1929	1930	1923	1925	1927	1929	1930
No salary	195	192	184	169	179	1,060	2,187	2,541	2,675	2,842
$25 per month or less	151	148	201	218	228	907	905	1,446	1,588	1,653
$26 to $50 per month	96	95	130	132	178	323	379	567	631	628
$51 to $100 per month	15	15	9	15	12	44	42	28	58	40
Over $100 per month	2	3	20	21	22	27	40	178	150	196
Salary and bonus	..	8	23	26	61	..	50	145	138	445
Bonus only	5	6	1	4	6	24	37	5	63	125
Fees; salary and fees	3	1	1	..	..	10	8	9	..	..
Varies each 3 or 6 months	..	..	8	13	10	..	..	31	60	139
In lieu of maintenance	..	..	..	4	3	..	..	..	37	41
No fixed amount	23	22	1	..	..	78	87	..	..	..
No report	20	34	1	4	5	46	90	2	15	15
Totals	510	524	578	626	664	3,119	3,825	4,952	5,415	6,124

RESIDENCIES IN SPECIALTIES

The hospital internship is not considered in any sense as graduate medical education. It is widely known as the fifth year in medicine, culminating in effective fashion the preceding years in medical school and of demonstrated value as an introduction to the actual practice of medicine. For physicians planning to enter into a specialty, the internship is now considered as a preliminary requirement and is demanded in all recognized postgraduate medical schools.

The hospitals do, however, afford many admirable facilities useful in advanced training. Residencies in specialties as now served by 2,144 men in 372 hospitals exemplify in true fashion the acknowledgment on the part of the younger medical profession of the value of these opportunities.

The usual residency as offered in most hospitals is a continuous twelve months' service under the direct supervision of competent attending physicians, proficient in the theory and practice of the specialty. There can be no doubt that such training is insufficient for the development of sound, safe specialists. The opinion of medical educators, many of whom deplore the present emphasis on specialization, is that such a term of service should be introductory only to the particular clinical branch of medicine, preparatory to or concurrent with study in a recognized postgraduate medical center. In recognition of these obvious facts, some of the leading teaching hospitals, mostly associated

with medical schools, require periods of resident service for three, and in a few instances as long as five, years.

Residents, often, are required to teach undergraduates and interns. As may be expected, this is by no means the least effective part of the training of the resident himself. Also, a great deal of confidence can be placed in the quality of instruction which these men impart.

The Council on Medical Education and Hospitals of the American Medical Association approves residencies in twenty-eight specialties, basing its approval on certain well defined principles. It is in entire accord with the view that a residency is in itself no adequate preparation for the practice of a specialty. But the increasing interest manifested in the certification of specialists makes the residency increasingly important. No doubt, the demand for these positions will increase.

ESSENTIALS OF A REGISTERED HOSPITAL

General Statement.—The American Medical Association gives recognition to hospitals by admitting to the Hospital Register those that are found to qualify according to the essentials contained in the following paragraphs.

Registration is a basic distinction between all recognized hospitals and those that are refused recognition. It is a prerequisite to the consideration of a hospital for approval for interns or for residencies in specialties.

The registration of hospitals, the approval of hospitals for interns, approval for residencies in specialties, and all other service of the Association regarding hospitals is carried on by the Council on Medical Education and Hospitals.

It is the desire of the Council to cooperate in every way for the improvement of hospital service, whereby the sick and injured may be provided with scientific and ethical medical care.

The Council does not have nor does it assume legal authority over any hospital. It recognizes clearly that the officers in charge of such institutions have the unquestioned right to conduct the hospitals in any way they may deem wise. If a hospital desires to have its name appear on the American Medical Association Hospital Register and thus have the endorsement of that Association, it should be willing to comply with the principles which the Council on Medical Education and Hospitals considers necessary.

Essentials of a Registered Hospital.—Hospitals seeking admission to the register should have the following qualifications:

1. *Organization.*—The organization should consist of a board of trustees or other supreme governing body having final authority and responsibility and an executive officer or superintendent to carry out the policies adopted by the governing body. The executive officer should be assisted by adequate competent personnel.

Regardless of the form of organization, the hospital should function primarily in the interests of the sick and injured of the community.

2. *Staff.*—This constitutes the most important essential. The staff should be organized and composed of regular physicians who are properly qualified as to training, licensure and ethical standing.

Staff membership and the use of the hospital's facilities must be limited to doctors in medicine. Where cult practitioners, osteopaths, chiropractors or other healers outside the scope of regular medicine are allowed to use the hospital's diagnostic facilities, to prescribe for or treat patients in the hospital, or to enter orders or other data on the case records, such a hospital obviously cannot be recognized or endorsed by the American Medical Association.

Regular staff conferences should be held at least monthly and preferably more often. All deaths that occur during the period intervening between meetings, perplexing cases, and patients who do not respond to treatment should be discussed. When postmortem examinations have been performed there should be a presentation of the clinical aspect of the patient and the postmortem observations. Interesting pathological specimens from surgery or removed at postmortem should be presented and discussed with regard to the preoperative or antemortem findings.

Minutes of staff conferences should be kept and filed with the hospital records. The activity of the staff as to scientific meetings and clinical and pathologic conferences is an index to the scientific mindedness and progressiveness of the group.

3. *Nurses.*—A competent nursing staff should be provided by employing an adequate number of registered nurses who are graduates of schools of nursing recognized by the state board of nurse examiners, or by maintaining such a school.

All nursing should be supervised by qualified registered graduates.

4. *Records.*—An adequate record system should be maintained. No particular system or set of forms is recommended, since requirements are not the same under varying circumstances. The average case record should include at least a brief medical history, physical examination, laboratory reports, diagnosis, operative record, progress notes, nurses' notes and summary. Case records should be complete in every department and reviewed and signed by the attending physicians before they are placed in the permanent file. Roentgenologic interpretations, pathologic descriptions and diagnoses of tissues removed in the operating room, and (when an autopsy has been performed) a description of postmortem observations, should be included with the patient's record.

Case histories and physical examinations should be recorded in the patient's chart within twenty-four hours after the patient has been admitted to the hospital. A patient should not be operated on, except in the case of emergency, when the history, physical examination and routine laboratory work have not been completely recorded in the chart. The duty of recording these data falls on the attending physician and he should be held directly responsible for the case records.

Monthly and annual analyses of hospital service should be made in order that the staff may be in a position to improve its service.

5. *Pathology.*—All tissues removed in the operating room should be examined, described and diagnosed by a competent pathologist excepting tissues, such as tonsils and teeth, in which the pathologic changes are quite obvious.

A physician-pathologist should be employed on a full time or part time basis. When this is not practicable, arrangements should be made with a consulting pathologist for tissue diagnosis, postmortem work and the interpretation of the more complicated tests and determinations in clinical and surgical pathology, as well as in general clinical laboratory work. The pathologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association. The Council's list of physicians specializing in clinical pathology or pathology is available on application.

Autopsies.—Every effort should be made to secure consent for autopsies, which should be performed by a pathologist or the best qualified other physician available.

6. *Radiology.*—The hospital should provide or have ready access to radiologic equipment and service. When a full time or part time physician-roentgenologist cannot be employed, the services of such a consultant should be secured. Radiologic interpretations must be made only by a competent roentgenologist. A description of the roentgenologic examinations should be placed in the patient's chart. The physician-roentgenologist preferably should be one listed by the Council on Medical Education and Hospitals of the American Medical Association.

A list of physicians specializing in radiology and roentgenology is available on application.

7. *Ethics.*—In order that a hospital may be eligible for registration it will, of course, be expected that the staff and management conform to the principles of medical ethics of the American Medical Association with regard to advertising, commissions, division of fees, secret remedies, extravagant claims, overcommercialization and in all other respects.

HOSPITALS REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION

The following list contains the names of 6,613 hospitals, sanatoriums and related institutions that are located in the United States and 202 in the insular possessions. It omits the names of 490 hospitals which, after investigation, were not accepted. The inclusion of the name of any institution may be taken as an indication that evidence concerning irregular or unsafe practices in that institution has not come to the attention of the Council on Medical Education and Hospitals. For convenience, the list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals; also some general hospitals lacking certain essentials. In the statistics the two classifications are consolidated.

KEY TO SYMBOLS AND ABBREVIATIONS

* Approved for general internship, the fifth year in medicine, by the Council on Medical Education and Hospitals.

✦ Approved for residency in a specialty for graduates in medicine who have already had a general internship or its equivalent in practice.

◊ School of nursing accredited by board of nurse examiners for state in which it is located.

⊙ Affiliated for nurse training on state accredited basis.

■ Accepts Negro patients (not applicable to nervous and mental hospitals).

▲ Department for mental patients.

The column headed "Type of Service" tells what diseases or conditions are treated in each institution, as follows:

Chil	Children's	Epil	Epileptic	Iso	Isolation	N&M	Nervous and mental
Conv	Convalescence and Rest	EENT	Eye, Ear, Nose and Throat	Inst	Institutional	Ortho	Orthopedic
Chron	Chronic	Gen	General	Mater	Maternity	Sk&Ca	Skin and Cancer
Dr&Al	Drug and Alcoholic	Indus	Industrial	MenDef	Mentally Deficient	TB	Tuberculosis

The column headed "Control" indicates for each institution the ownership, control, or auspices under which it is conducted as follows:

Cy&Co	City and County	Indian	U. S. Indian Service	Part	Partnership
Fed	Federal	Indiv	Individually owned	USPHS	United States Public Health Service
Frat	Fraternal	Indus	Industrial	VetAd	Veterans Administration
Indep	Independent hospital association				

ALABAMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alabama City, 8,544—Etowah Co.								
Etowah Co. Tuber. Hosp.	TB	County	25	20	..	No	...	.....
Albertville, 2,716—Marshall Co.								
Sand Mountain Infirmary	Gen	Indiv	24	9	2	No	9	202
Alexander City, 4,519—Tallapoosa Co.								
Russell Hospital■	Gen	Indiv	54	7	2	No	15	340
Andalusia, 5,154—Covington Co.								
Andalusia City Hospital■	Gen	Indep	20	8	1	No	8	.....
Covington County Hosp.⊙	Gen	County	25	15	2	Yes	...	.....
Anniston, 22,345—Calhoun Co.								
Garner Hospital◊■	Gen	City	59	30	6	Yes	68	1,069
Station Hospital	Gen	Army	50	8	..	Yes	...	412
Atmore, 3,035—Escambia Co.								
Atmore General Hospital■	Gen	Indep	24	8	2	No	30	328
Bellamy, 317—Sumter Co.								
Bellamy Hospital■	Gen	Indiv	16	5	2	No	13	178
Bessemer, 20,721—Jefferson Co.								
Bessemer General Hosp.◊	Gen	Indep	70	33	5	No	62	1,207
Birmingham, 259,678—Jefferson Co.								
Alabama General Hospital	Gen	Indiv	50	15	8	No	...	.....
Birmingham Baptist Hospital✦◊	Gen	Church	153	73	14	Yes	260	3,288
Children's Hospital	Chil	Indep	50	34	..	Yes	...	937
Hill Crest Sanitarium	N&M	Indiv	50	25	..	No	...	179
Hillman Hospital✦◊■	Gen	County	300	274	40	Yes	1,138	7,650
Jefferson Sanatorium	TB	County	100	80	..	No	...	269
Norwood Hospital✦◊■	Gen	Indep	200	76	10	Yes	118	2,708
St. Vincent's Hospital✦◊■	Gen	Church	113	80	12	No	206	3,371
South Highlands Infirm.◊■	Gen	Part	120	80	20	No	500	3,536
Woodlawn Hospital	Gen	Indep	75	27	9	...	86	.....
Brewton, 2,818—Escambia Co.								
Brewton Memorial Hosp.■	Gen	Indiv	15	2	1	No	4	94
Clanton, 1,847—Chilton Co.								
Central Alabama Hosp.■	Gen	Indep	28	13	2	Yes	7	238
Decatur, 15,993—Morgan Co.								
Benevolent Society Hosp.⊙	Gen	Indep	44	23	5	No	46	693
Dothan, 16,046—Houston Co.								
Dr. M. S. Davie's Private Hospital◊	Gen	Indiv	50	17	6	No	...	.....
Frasier-Ellis Hospital◊■	Gen	Part	65	52	6	Yes	61	2,856
Moody Hospital◊■	Gen	Indiv	93	55	7	Yes	45	2,388
Enterprise, 3,702—Coffee Co.								
Coffee County Mem. Hosp.⊙	Gen	County	44	4	2	Yes	...	.....
Eufaula, 5,208—Barbour Co.								
Britt Infirmary◊■	Gen	Indiv	50	30	6	Yes	25	900
Salter Hospital◊■	Gen	Indiv	45	12	6	No	20	489
Fairfield, 11,059—Jefferson Co.								
Employees' Hosp. of the Tennessee Coal, Iron and Railroad Company✦✦■	Gen	Indus	287	119	23	Yes	415	6,129
Fairhope, 1,549—Baldwin Co.								
Bay View Sanatorium	Gen	Indep	15	5	4	Yes	...	.....
Florala, 2,580—Covington Co.								
Young Infirmary and Lakeview Hospital◊	Gen	Indiv	40	11	4	...	18	483
Florence, 11,729—Lauderdale Co.								
Eliza Coffee Mem. Hosp.◊■	Gen	City	50	28	6	No	46	882
Gadsden, 24,042—Etowah Co.								
Forest General Hospital⊙	Gen	Indiv	50	14	5	Yes	...	.....

ALABAMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Holy Name of Jesus Hospital■	Gen	Church	120	17	10	No	47	1,000
Greensboro, 1,795—Hale Co.								
Greensboro Hospital■	Gen	Indep	16	4	2	No	10	135
Greenville, 3,985—Butler Co.								
Speir's Hospital■	Gen	Indiv	32	9	4	No	20	247
Stabler Infirmary■	Gen	Indiv	18	8	3	No	16	207
Gurley, 581—Madison Co.								
E. O. Williamson Hospital	Gen	Indiv	14	5	1	No	...	.....
Huntsville, 11,554—Madison Co.								
Huntsville Hospital✦■	Gen	City	70	19	5	No	44	877
Jackson, 1,828—Clarke Co.								
South Alabama Infirmary■	Gen	Indiv	18	4	2	No	40	160
Jasper, 5,333—Walker Co.								
Walker County Hospital■	Gen	Indep	50	22	3	No	55	813
Langdale, 510—Chambers Co.								
Langdale Hospital	Surg	Indus	15	5	..	No	...	.....
Mobile, 68,202—Mobile Co.								
City Hospital◊■	Gen	City	162	125	18	Yes	323	5,848
Mobile Co. Tuber. Sanit.■	TB	Indep	54	38	..	No	...	47
Mobile Infirmary◊	Gen	Indep	56	48	8	No	175	2,062
Providence Infirmary◊■	Gen	Church	100	52	12	No	229	2,048
U. S. Marine Hospital■	Gen	USPHS	90	94	..	Yes	...	849
Montgomery, 66,079—Montgomery Co.								
Highland Park Sanat.⊙	Gen	Indiv	40	21	12	No	204	1,264
Montgomery Tuber. Sanat.■	TB	Indep	65	32	..	No	...	69
St. Margaret's Hospital◊	Gen	Church	125	60	12	No	...	.....
Station Hospital	Gen	Army	13	3	..	Yes	...	143
Mt. Vernon, 810—Mobile Co.								
Searcy Hospital (col.)	N&M	State	1,200	1,290	..	No	...	379
Opelika, 6,156—Lee Co.								
East Alabama Hospital⊙	Gen	Indep	25	5	4	No	23	2,104
Ozark, 3,103—Dale Co.								
Grace Hospital	Gen	Indiv	17	7	4	No	14	.....
Roanoke, 4,373—Randolph Co.								
Knight Sanatorium■	Gen	Indiv	39	15	3	Yes	18	521
Scottsboro, 2,304—Jackson Co.								
Hodges Hospital■	Gen	Indiv	20	10	2	No	6	125
Selma, 18,012—Dallas Co.								
Burwell Infirmary (col.)⊙	Gen	Indiv	25	7	..	No	3	238
Goldsby King Mem. Hosp.	Gen	Indep	52	32	10	No	37	1,065
Good Samaritan Hospital (col.)	Gen	Indep	30	12	..	...	...	.....
Selma Baptist Hospital	Gen	Church	63	41	8	Yes	163	1,520
Vaughan Memorial Hosp.	Gen	Indep	60	22	8	Yes	29	917
Sheffield, 6,221—Colbert Co.								
Colbert County Hospital■	Gen	Cy&Co	75	9	5	No	23	552
Sylacauga, 4,115—Talladega Co.								
Drummond Fraser Hosp.■	Gen	Indus	50	26	15	No	103	367
Memorial Hospital■	Gen	Part	20	5	4	No	30	575
Sylacauga Infirmary■	Gen	Indep	46	8	4	No	20	285
Talladega, 7,996—Talladega Co.								
Citizens' Hospital■	Gen	Indep	30	9	4	No	16	471
Troy, 6,814—Pike Co.								
Beard Memorial Hospital■	Gen	Part	35	10	2	No	14	753
Edge Hospital■	Gen	Indiv	25	10	4	...	15	431
Tuscaloosa, 20,659—Tuscaloosa Co.								
Bryce Hospital◊	N&M	State	2,610	2,652	..	No	...	.....
Druid City Hospital◊	Gen	City	80	51	8	No	...	.....

Key to symbols and abbreviations is at top of this page.

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ALABAMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Tuskegee, 3,314—Macon Co.								
Veterans Admin. Hosp. (col.)▲	Gen	VetAd	747	569	..	Yes	...	988
John A. Andrew Memorial Hospital (col.)●◊	Gen	Indep	75	40	5	Yes	42	1,583
Related Institutions								
Altoona, 1,098—Etowah Co.								
Klein Hospital	Gen	Indiv	12	4	3	Yes	26	152
Birmingham, 259,678—Jefferson Co.								
Alabama Boys' Industrial School	Inst	State	30	8	..	No	...	1,296
Children's Home Hospital (col.)	Chil	Indep	20	7	3	Yes	5	491
Miss Quinn's Nursing Home	Conv	Indep	10	8	..	No	...	.....
Salvation Army Home and Hospital	Mater	Church	50	43	30	No	84	117
Demopolis, 4,037—Marengo Co.								
Hand-Bailey Hospital■	Gen	Indiv	14	2	4	No	9	45
East Tallassee, 2,040—Tallapoosa Co.								
Community Hospital	Gen	Indep	18	4	1	No	8	161
Flomaton, 915—Escambia Co.								
Flomaton Hospital	Gen	Indiv	12	7	4	No	28	320
Livingston, 1,072—Sumter Co.								
State Teachers College Infirmary	Inst	State	9	3	..	No	...	304
Mobile, 68,602—Mobile Co.								
Mobile County Poor Asylum Hospital	Inst	County	20	16	..	No	...	4
Taylor's Infirmary (col.)	Gen	Indiv	8	4	..	No	...	.....
Monroeville, 1,355—Monroe Co.								
Monroeville Infirmary■	Gen	Indiv	16	2	..	No	...	100
Montevallo, 1,245—Shelby Co.								
Peterson Hall	Inst	State	36	4	..	No	...	1,012
Montgomery, 66,079—Montgomery Co.								
Fraternal Hospital (col.)◎	Gen	Indiv	35	22	6	No	36	786
Hale Infirmary (col.)◎	Gen	Indep	35	17	8	No	...	.....
Kilby Prison Hospital	Inst	State	32	40	..	No	...	.....
Miriam Jackson Home	Inst	Church	25	4	..	No	...	647
Mountain Creek, 375—Chilton Co.								
Jefferson Manly Falkner Soldiers' Home	Inst	State	20	18	..	No	...	.....
Selma, 18,012—Dallas Co.								
Alabama Methodist Orphanage Hospital	Inst	Church	6	3	..	No	...	165
Talladega, 7,596—Talladega Co.								
Goodnow Hospital (col.)	Inst	Indep	18	1	..	No	...	98
Tuscaloosa, 20,659—Tuscaloosa Co.								
Partlow State School for Mental Defectives	MenDef	State	525	495	..	No	...	.....
Wetumpka, 2,357—Elmore Co.								
State Convict Tuberculosis Hospital■	Inst	State	100	85	..	No	...	72

Summary for Alabama:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	73	8,836	6,708	69,680
Related institutions	22	1,071	797	5,770
Totals	95	9,907	7,505	75,450
Refused registration	2	40		

ARIZONA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ajo, 3,050—Pima Co.								
New Cornelia Miner Hosp.■	Gen	Indus	30	16	5	Yes	76	353
Bisbee, 8,023—Cochise Co.								
Copper Queen Hospital■	Gen	Indus	35	17	6	Yes	132	827
Douglas, 9,828—Elmore Co.								
Cochise County Hospital■	Gen	County	100	70	4	Yes	18	367
Station Hospital■	Gen	Army	15	5	..	Yes	...	165
Florence, 1,318—Pinal Co.								
Pinal County Hospital■	Gen	County	20	10	1	No	12	150
Ft. Defiance, 30—Apache Co.								
Southern Navajo General Hospital■	Gen	Indian	90	34	4	Yes	47	1,202
Southern Navajo Sanat.	TB	Indian	45	36	..	No	...	122
Ft. Huachuca-Cochise Co.								
Station Hospital■	Gen	Army	40	19	4	Yes	15	558
Ganado, 34—Apache Co.								
Sage Memorial Hospital◊	Gen	Church	75	28	5	Yes	18	589
Globe, 7,157—Gila Co.								
Gila County Hospital■	Gen	County	55	48	5	No	61	700
Jerome, 4,932—Yavapai Co.								
United Verde Hospital■	Gen	Indus	52	30	4	Yes	77	1,190
Keams Canyon, 36—Navajo Co.								
Hopi Hospital	Gen	Indian	42	15	4	Yes	9	576
Kingman, 2,950—Mohave Co.								
Mohave County Hospital	Gen	County	35	11	5	No	34	192
Leupp, 58—Coconino Co.								
Leupp School and Agency Hospital	Gen	Indian	50	21	4	Yes	...	766
Mesa, 3,711—Maricopa Co.								
South Side District Hosp.	Gen	Indep	25	11	1	No	29	497
Miami, 7,603—Gila Co.								
Miami-Inspiration Hosp.■	Gen	Indus	45	16	4	Yes	70	511

ARIZONA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Morenci, 6,175—Greenlee Co.								
Phelps-Dodge Hospital■	Gen	Indus	18	3	3	Yes	34	265
Nogales, 6,006—Santa Cruz Co.								
St. Joseph's Hospital■	Gen	Church	30	10	4	No	...	304
Station Hospital■	Gen	Army	50	11	..	Yes	...	227
Phoenix, 48,118—Maricopa Co.								
Arizona Sanatorium	TB	Indiv	45	17	..	No	...	25
Arizona State Hospital	N&M	State	600	778	..	No	...	219
Booker T. Washington Mem. Hospital & Sanat. (col.)	Gen	Indiv	25	8	7	Yes	28	342
Good Samaritan Hosp.◊■	Gen	Church	130	63	20	Yes	360	2,740
Maricopa Co. Tuber. Hosp.	TB	County	37	38	..	No	...	96
Phoenix Indian Hospital	Gen	Indian	60	21	3	Yes	18	1,052
Phoenix Indian Sanat.	TB	Indian	120	110	..	No	...	154
Phoenix Sanatorium	TB	Indiv	75	30	..	No	...	50
St. Joseph's Hospital◊■	Gen	Church	157	120	16	No	441	4,924
Prescott, 5,517—Yavapai Co.								
Mercy Hospital	Gen	Church	33	5	8	No	...	.....
Pamsetgnat Sanatorium	TB	Indiv	25	18	..	No	...	.....
Ray, 2,450—Pinal Co.								
Ray Hospital■	Gen	Indus	20	9	4	Yes	32	268
Sacaton, 315—Pinal Co.								
Pima Indian Hospital	Gen	Indian	50	32	10	Yes	68	886
Safford, 1,706—Graham Co.								
Morris-Squibb Hospital	Gen	Part	20	5	2	No	15	260
San Carlos, 48—Gila Co.								
U. S. Indian Service Hosp.	Gen	Indian	30	10	6	Yes	8	449
Indian Oasis Hospital	Gen	Indian	43	18	4	Yes	17	266
Superior, 2,525—Pinal Co.								
Magma Hospital■	Gen	Indus	15	3	4	Yes	6	35
Tuba City, 100—Coconino Co.								
Western Navajo Indian School Hospital	Gen	Indian	40	16	4	Yes	1	565
Tucson, 32,506—Pima Co.								
Barfield Sanatorium	TB	Indiv	32	26	..	No	...	36
Desert Sanatorium and Institute of Research	Gen	Indep	80	40	..	Yes	1	335
St. Luke's-in-the-Desert Sanitarium	TB	Church	35	22	..	No	...	48
St. Mary's Hosp. & Sanat.◊■	Gen	Church	160	58	15	No	165	1,840
Southern Methodist Hospital and Sanatorium■	Gen	Church	72	47	12	Yes	67	1,142
Southern Pacific Sanit.	TB	Indus	100	55	..	No	...	.....
Veterans Admin. Hospital■	TB	VetAd	361	244	..	Yes	...	416
Valentine, 168—Mohave Co.								
Truxton Canon Indian Hospital	Gen	Indian	16	3	..	No	...	322
Whipple,—Yavapai Co.								
Veterans Admin. Hospital■	Gen	VetAd	600	540	..	No	...	1,730
Whiteriver, 52—Navajo Co.								
Ft. Apache Indian Hosp.	Gen	Indian	60	25	9	Yes	22	426
Williams, 2,166—Coconino Co.								
Williams Hospital	Gen	Indiv	12	2	1	No	15	106
Yuma, 4,892—Yuma Co.								
Ft. Yuma Indian Hospital	Gen	Indian	26	12	..	Yes	7	4,358
Yuma General Hospital■	Gen	Indep	50	25	6	No	70	700
Related Institutions								
Flagstaff, 3,891—Coconino Co.								
Coconino County Hospital■	Inst	County	18	13	..	No	...	54
Mercy Hospital	Gen	Indus	14	7	2	No	30	340
Florence, 1,318—Pinal Co.								
Arizona State Prison Hosp.	Inst	State	30	12	..	No	...	.....
Ft. Apache, 98—Navajo Co.								
Theodore Roosevelt School Hospital	Inst	Indian	21	5	..	Yes	...	310
Hayden, 2,250—Gila Co.								
Hayden Hospital	Indus	Indus	12	2	..	Yes	...	240
McNary, 114—Apache Co.								
McNary Hospital■	Gen	Indus	18	6	3	Yes	...	.....
Phoenix, 48,118—Maricopa Co.								
Harrisholm	Conv	Indiv	7	7	..	...	...	10
Helen Lee Sanatorium	TB	Indiv	8	7	..	No	...	15
Maricopa County Farm	Inst	County	60	10	..	No	...	.....
Monte Vista Lodge	TB	Indiv	15	10	..	No	...	20
Romaine Sanatorium	TB	Indiv	25	20	..	No	...	100
St. Luke's Home	TB	Church	70	70	..	Yes	...	104
Shady Lawn Sanatorium	TB	Indiv	20	15	..	No	...	14
Sunny Rest Sanatorium	TB	Indiv	20	10	..	No	...	21
Prescott, 5,517—Yavapai Co.								
Arizona Pioneers' Home and Miners' Hospital	Inst	State	20	6	..	No	...	.....
St. Luke's in the Mountains	TB	Church	50	45	..	No	...	.....
Yavapai County Hospital■	Inst	County	75	60	4	No	20	241
Tucson, 32,506—Pima Co.								
Anson Rest Home	TB	Part	35	30	..	No	...	27
Clark's Rest Home	TB	Indiv	30	18	..	No	...	.....
Comstock Hospital	TB	Indep	25	20	..	No	...	.....
Cottage Sanatorium	TB	Indiv	12	10	..	No	...	.....
Fairview Sanatorium	TB	Indiv	30	18	..	No	...	40
Hillcrest Sanatorium	TB	Indiv	32	20	..	No	...	.....
Pima County Hospital	Gen	County	40	36	..	No	...	.....
Reardon Sanatorium	TB	Indiv	16	15	..	No	...	.....
Wickenburg, 734—Maricopa Co.								
Wickenburg Hospital	Gen	Indiv	10	4	3	No	24	144

Summary for Arizona:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	50	3,891	2,811	33,351
Related institutions	26	673	454	1,727
Totals	76	4,564	3,265	35,078
Refused registration	2	49		

Key to symbols and abbreviations is on page 2078

ARKANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alexander, 141—Pulaski Co.								
McRae Tuber. Sanat. (col.)	TB	State	26	20	..	No	...	64
Arkadelphia, 3,780—Clark Co.								
Moore and Wallis Sanit.■	Gen	Indiv	10	3	2	No	18	76
Townsend Hospital■	Gen	Part	16	5	..	No	...	159
Batesville, 4,484—Independence Co.								
Dr. Gray's Infirmary	Gen	Indiv	15	4	..	No	...	.....
Johnston Hospital	Gen	Indiv	15	5	..	No	...	.....
Bauxite, 2,209—Saline Co.								
Republic Mining & Manufacturing Company Hosp.■	Gen	Indus	20	4	1	No	15	70
Benton, 3,445—Saline Co.								
Blakley's Sanitarium■	Gen	Indiv	15	5	2	No	18	178
Blytheville, 10,098—Mississippi Co.								
Blytheville Hospital	Gen	Indiv	45	13	3	No	...	.....
Camden, 7,273—Ouachita Co.								
Camden Hospital■	Gen	Indep	25	8	9	No	58	648
Charleston, 851—Franklin Co.								
Bollinger Hospital■	Gen	Indiv	20	6	..	No	15	.....
Clarksville, 3,031—Johnson Co.								
Johnson County Hospital	Gen	Indep	19	4	1	No	...	.....
Conway, 5,534—Faulkner Co.								
Faulkner County Hospital	Gen	Indep	25	7	5	No	23	247
Crossett, 2,811—Ashley Co.								
Crossett Hospital■	Gen	Indus	30	12	6	Yes	32	350
De Queen, 2,938—Sevier Co.								
Archer Hospital■	Gen	Indiv	19	5	2	No	22	1,225
Dumas, 1,669—Desha Co.								
Dumas Hospital■	Gen	Indiv	15	5	3	No	...	160
El Dorado, 16,421—Union Co.								
Henry C. Rosamond Memorial Hospital◊	Gen	Part	35	5	15	No	249	1,876
Warner Brown Hospital◊■	Gen	Church	75	39	6	No	137	1,429
Eureka Springs, 2,276—Carroll Co.								
Dan Sawyer Mem. Hosp.	Gen	Indep	35	8	5	No	6	192
Fayetteville, 7,394—Washington Co.								
Fayetteville City Hosp.◊■	Gen	City	55	23	6	No	76	1,158
Ft. Smith, 31,429—Sebastian Co.								
St. Edward's Mercy Hosp.◊	Gen	Church	100	48	15	No	170	1,676
St. John's Hospital	Gen	Indiv	55	16	4	No	31	805
Sparks' Memorial Hosp.◊	Gen	Indep	86	26	14	No	54	1,026
Helena, 8,316—Phillips Co.								
Helena Hospital■	Gen	Indep	36	18	5	No	55	892
Hope, 4,068—Hempstead Co.								
Josephine Hospital■	Gen	Indiv	24	6	4	No	21	355
Julia Chester Hospital■	Gen	Indep	20	6	2	No	20	346
Hot Springs National Park, 20,238—Garland Co.								
Army and Navy General Hospital■	Gen	Fed	300	224	..	No	...	1,506
Leo N. Levi Mem. Hosp.+◊	Gen	Frat	58	50	3	Yes	25	674
Ozark Sanatorium◊	Gen	Indep	60	25	4	No	26	337
St. Joseph's Hospital◊	Gen	Church	147	54	6	No	34	1,103
Woodmen of Union Hospital (col.)+◊	Gen	Frat	160	64	4	Yes	...	.....
Jonesboro, 10,326—Craighead Co.								
St. Bernard's Hospital◊■	Gen	Church	100	61	8	No	95	1,650
Lake Village, 1,582—Chicot Co.								
Lake Village Infirmary■	Surg	Indiv	35	10	..	No	15	310
Little Rock, 81,679—Pulaski Co.								
Arkansas Children's Hosp.	Chil	Indep	82	30	..	Yes	...	272
Baptist State Hospital+◊■	Gen	Church	300	58	40	No	149	2,117
Little Rock Gen. Hosp.+◊	Gen	City	128	72	12	Yes	160	2,232
Missouri Pacific Hospital■	Indus	Indus	125	50	..	Yes	...	1,784
Mosaic State Hosp. (col.)	Gen	Frat	30	13	4	Yes	16	492
Pulaski County Hosp.◊■	Gen	County	200	174	..	Yes	28	986
St. Vincent's Infirmary+◊	Gen	Church	135	100	15	No	303	3,565
State Hospital for Nervous Diseases	N&M	State	2,900	3,149	..	No	...	1,695
Trinity Hospital	Gen	Indep	44	16	6	Yes	43	795
United Friends Hosp. (col.)	Gen	Frat	27	15	2	Yes	44	2,974
Monticello, 3,076—Drew Co.								
Mack Wilson Hospital■	Gen	Indep	25	6	..	Yes	21	323
Morrilton, 4,043—Conway Co.								
St. Anthony's Hospital■	Gen	Church	14	7	2	No	6	372
Newport, 4,547—Jackson Co.								
Newport Sanitarium	Surg	Part	16	4	2	Yes	...	.....
North Little Rock, 19,418—Pulaski Co.								
Veterans Admin. Hospital	N&M	VetAd	750	750	..	No	...	168
Paragould, 5,966—Greene Co.								
Dickson Memorial Sanit.	Gen	Indep	30	20	3	No	13	400
Paris, 3,234—Logan Co.								
Dr. Jewell's Infirmary	Gen	Indiv	20	10	..	Yes	...	120
Pine Bluff, 20,760—Jefferson Co.								
Davis Baptist Hospital	Gen	Church	50	16	5	No	77	710
United Links Hosp. (col.)	Gen	Indep	25	10	3	...	...	.....
Prescott, 3,033—Nevada Co.								
Cora Donnell Hospital	Gen	Part	45	22	2	No	53	786
Russellville, 5,628—Pope Co.								
Haney Eye, Ear, Nose and Throat Hospital■	Gen	Indiv	10	3	..	No	...	203
St. Mary's Hospital◊■	Gen	Indep	55	30	5	No	15	1,105
Searcy, 3,387—White Co.								
Wakenight Sanitarium	Gen	Indiv	23	9	1	No	8	456
Siloam Springs, 2,578—Benton Co.								
Siloam Springs City Hosp.	Gen	City	10	7	2	No	11	216
State Sanatorium,—Logan Co.								
Arkansas Tuber. Sanat.	TB	State	500	500	..	No	...	1,115
Taylor, 263—Columbia Co.								
Bertie Lee Horn Sanat.	Gen	Indiv	15	6	..	No	15	503
Texarkana, 10,764—Miller Co.								
Michael Meagher Memorial Hospital◊■	Gen	Church	50	30	6	No	...	1,240
St. Louis Southwestern Hospital■	Indus	Indus	150	41	..	Yes	...	1,864

ARKANSAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Cummins (Varner P.O.),—Lincoln Co.								
Arkansas State Penal Hosp.	Inst	State	12	6	..	No	...	.....
De Queen, 2,938—Sevier Co.								
De Queen Hospital	Gen	Indiv	10	8	..	No	...	210
Ft. Smith, 31,429—Sebastian Co.								
Sebastian County Hospital	Inst	County	125	80	..	No	...	.....
Little Rock, 81,679—Pulaski Co.								
Arkansas Confederate Home	Inst	State	75	65	..	No	...	105
Arkansas School for the Blind	Inst	State	16	2	..	...	...	50
Florence Crittenton Home	Mater	Indep	48	2	4	No	32	40
Granite Mountain Hosp.■	Gen	Indiv	20	4	1	Yes	33	1,620
Malvern, 5,115—Hot Spring Co.								
Hot Spring County General Hospital	Gen	County	10	3	2	...	...	.....
McGehee, 3,488—Desha Co.								
Grayson Hospital	Gen	Indiv	6	5	1	No	12	180
Newport, 4,547—Jackson Co.								
Dr. Gray's Sanitarium	Gen	Indiv	7	3	2	No	4	120
Pine Bluff, 20,760—Jefferson Co.								
Great Southern Fraternal Hospital (col.)	Gen	Frat	30	6	1	Yes	...	.....
Rogers, 3,554—Benton Co.								
Home Hospital	Gen	Indiv	8	4	2	No	9	82
Rogers Sanitarium	Gen	Indiv	10	4	2	No	...	.....
Texarkana, 10,764—Miller Co.								
Jamison Sanitarium (col.)	Gen	Indiv	16	7	2	No	5	150
Tucker, 219—Jefferson Co.								
Arkansas State Penitentiary Hospital	Inst	State	20	12	..	No	...	720

Summary for Arkansas:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	59	7,395	5,939	45,876
Related institutions	15	413	207	3,277
Totals	74	7,808	6,146	49,153
Refused registration	7	172		

CALIFORNIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Agnew, 316—Santa Clara Co.								
Agnew State Hospital◆	N&M	State	1,569	2,092	..	Yes	...	570
Ahwahnee, 25—Madera Co.								
Ahwahnee Tri-County Tuberculosis Sanatorium	TB	County	106	94	..	No	...	92
Alameda, 35,033—Alameda Co.								
Alameda Sanatorium on the South Shore	Gen	Indep	85	46	20	No	208	1,651
Albany, 8,569—Alameda Co.								
Humboldt Hospital■	Gen	Indep	27	12	10	No	102	450
Alcatraz, 171—San Francisco Co.								
Station Hospital■	Gen	Army	30	17	..	Yes	...	461
Alhambra, 20,472—Los Angeles Co.								
Alhambra Hospital■	Gen	Indep	40	19	10	No	170	1,198
Anaheim, 10,995—Orange Co.								
Anaheim Sanitarium■	Gen	Indep	28	10	6	No	68	500
Angel Island, 406—Marin Co.								
Station Hospital■	Gen	Army	98	38	..	Yes	...	1,282
Antioch, 3,563—Contra Costa Co.								
Antioch Hospital	Gen	Indiv	20	New	8	No	...	.....
Arcata, 1,769—Humboldt Co.								
Trinity Hospital	Gen	Church	22	10	4	No	26	500
Arlington, 1,570—Riverside Co.								
Riverside County Hospital▲	Gen	County	275	215	12	No	113	1,821
Artesia, 3,891—Los Angeles Co.								
Artesia Hospital■	Gen	Indiv	20	9	4	No	68	.....
Atascadero, 2,068—San Luis Obispo Co.								
Atascadero General Hosp.■	Gen	County	15	9	3	No	40	370
Auberry, 183—Fresno Co.								
Wishlah Sanitarium	TB	County	50	50	..	Yes	...	60
Auburn, 2,061—Placer Co.								
Highlands Sanitarium■	Gen	Part	20	11	3	No	38	452
Bakersfield, 26,915—Kern Co.								
Bakersfield Emergency Hospital■	Gen	Indiv	35	6	5	No	...	.....
Kern General Hospital■	Gen	County	205	249	10	Yes	265	2,712
Mercy Hospital◊■	Gen	Church	72	38	12	No	158	1,848
San Joaquin Hospital	Gen	Indep	40	21	6	No	...	1,071
Banning, 2,752—Riverside Co.								
Banning Hosp. and Sanat.	Gen	Indiv	35	10	2	No	5	104
Mary Henderson Sanit.	TB	Indiv	20	10	..	No	...	18
Southern Sierras Sanat.■	TB	Indiv	36	24	..	No	...	44
Belmont, 884—San Mateo Co.								
California Sanatorium	TB	Indep	120	99	..	Yes	...	184
Twin Pines Sanitarium	N&M	Indep	20	15	..	No	...	19
Berkeley, 82,109—Alameda Co.								
Alta Bates Hospital◊■	Gen	Indep	100	60	33	Yes	492	2,952
Berkeley General Hospital■	Gen	Indiv	90	37	12	No	188	1,912
E. C. Cowell Memorial Hospital	Gen	State	100	20	..	Yes	...	.....
Brawley, 10,439—Imperial Co.								
Brawley Community Hosp.■	Gen	Indiv	14	9	3	No	20	116
Burbank, 16,662—Los Angeles Co.								
Burbank Hospital■	Gen	Indiv	36	22	12	No	100	695
Carmel, 3,260—Monterey Co.								
Carmel Hospital	Gen	Indiv	13	6	6	No	21	215
Grace Deere Velie Metabolic Clinic	Chron	Indep	25	4	..	Yes	...	184

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CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chico, 7,961—Butte Co.								
Enloe Hospital	Gen	Indiv	32	23	6	No	75	719
Clovis, 1,316—Fresno Co.								
McMurtry Sanitarium	Gen	Indiv	11	8	2	No	17	.....
Colfax, 912—Placer Co.								
Bushnell Sanatorium	TB	Indep	20	16	..	No	...	.....
Colfax Hospital■	TB	Indiv	38	30	..	No	...	70
Colfax School for the Tuberculous■	TB	Indiv	117	76	..	No	...	177
Colusa, 2,116—Colusa Co.								
Colusa County Mem. Hosp.■	Gen	County	24	New	8	No	...	98
Compton, 12,516—Los Angeles Co.								
Compton Sanitarium●	N&M	Indep	130	69	..	No	...	184
Las Campanas Hospital■	Gen	Indep	30	22	10	No	155	737
Coronado, 5,425—San Diego Co.								
Station Hospital	Gen	Army	16	5	..	Yes	...	198
Covina, 2,774—Los Angeles Co.								
Covina Hospital■	Gen	Part	50	25	12	No	102	828
Culver City, 5,669—Los Angeles Co.								
University Hospital	Gen	Indep	50	12	17	Yes	90	412
Dorris, 767—Siskiyou Co.								
Dorris Hospital	Gen	Indiv	15	3	2	Yes	6	156
Duarte, 620—Los Angeles Co.								
Sanatorium of the Jewish Committee for Relief Ass'n.	TB	Indep	210	208	..	No	...	162
Dunsmuir, 2,610, Siskiyou Co.								
Dunsmuir Hosp. & Sanit.■	Gen	Indep	20	6	4	No	16	235
El Cajon, 1,050—San Diego Co.								
El Cajon District Hospital	Gen	Part	18	New	5	Yes	...	.....
El Centro, 5,434—Imperial Co.								
El Centro Hospital■	Gen	Indiv	36	18	6	No	86	1,008
El Monte, 3,479—Los Angeles Co.								
Ruth Protective Home■	Mater	Indep	28	20	12	No	...	46
Eureka, 15,752—Humboldt Co.								
General Hospital■	Gen	Indep	42	26	8	No	77	878
Humboldt County Hosp.■	Gen	County	96	71	9	Yes	140	931
Humboldt County School for the Tuberculous■	Iso,TB	County	83	63	..	No	...	181
St. Joseph's Hospital	Gen	Church	63	36	12	Yes	158	1,210
Ft. Bragg, 3,022—Mendocino Co.								
Redwood Coast Hospital	Gen	Indep	25	7	5	No	58	277
French Camp, 248—San Joaquin Co.								
San Joaquin Gen. Hosp.◊■	Gen	County	430	443	20	Yes	386	5,595
Fresno, 52,513—Fresno Co.								
Burnett Sanitarium◊	Gen	Indep	100	70	20	Yes	234	2,465
General Hospital of Fresno County●+▲■	Gen	County	375	363	15	Yes	377	4,417
St. Agnes Hospital■	Gen	Church	70	43	13	No	310	1,535
Sample Sanitarium	Gen	Indiv	23	14	6	No	69	370
Fullerton, 10,860—Orange Co.								
Fullerton Hospital	Gen	Church	25	14	6	No	...	.....
Gilroy, 3,502—Santa Clara Co.								
Wheeler Hospital	Gen	Indep	23	8	6	No	...	497
Glendale, 62,736—Los Angeles Co.								
Glendale Sanit. & Hosp.●◊	Gen	Church	250	160	24	Yes	256	2,812
Physicians and Surgeons Hospital	Gen	Indep	70	35	16	No	346	1,508
Grass Valley, 5,817—Nevada Co.								
W. C. Jones Mem. Hospital	Gen	Indiv	20	9	4	Yes	23	386
Hanford, 7,028—Kings Co.								
Hanford Sanitarium■	Gen	Indep	30	10	8	No	63	3,480
Kings County Hospital■	Gen	County	64	50	3	No	64	633
Sacred Heart Hospital■	Gen	Church	20	15	5	No	...	.....
Hayward, 5,539—Alameda Co.								
Hayward Hospital	Gen	Indiv	15	7	5	No	...	.....
Healdsburg, 2,236—Sonoma Co.								
Healdsburg General Hosp.	Gen	Indep	14	6	4	No	31	300
Hermosa Beach, 4,736—Los Angeles Co.								
Hermosa-Redondo Hosp.■	Gen	Indep	17	10	7	No	...	363
Hobart Mills, 516—Nevada Co.								
Hobart Estate Co. Hosp■	Gen	Indus	14	5	3	Yes	6	92
Hollister, 3,757—San Benito Co.								
Hazel Hawkins Mem. Hosp.■	Gen	County	15	5	3	No	12	369
Hollywood,—Los Angeles Co.								
Benedict Hospital	Gen	Indiv	24	13	20	No	195	.....
Hoopa, 20—Humboldt Co.								
Hoopa Valley Indian Hosp.	Gen	Indian	33	18	5	Yes	8	351
Imola,—Napa Co.								
Napa State Hospital	N&M	State	2,973	2,884	..	No	...	.....
Indio, 1,875—Riverside Co.								
Coachella Valley Community Hospital■	Gen	Indiv	15	10	5	No	102	3,319
Inglewood, 19,480—Los Angeles Co.								
Centinela Hospital	Gen	Indiv	20	10	6	No	152	953
Keene, 164—Kern Co.								
Stony Brook Retreat◎■	TB	County	75	71	..	Yes	...	87
La Crescenta, 1,510—Los Angeles Co.								
Hillcrest Sanatorium	TB	Indiv	35	20	..	No	...	40
La Vina,—Los Angeles Co.								
La Vina Sanatorium	TB	Indep	50	50	..	No	...	88
Lindsay, 3,878—Tulare Co.								
Lindsay Sanitarium and Maternity Home■	Gen	Indiv	10	4	4	No	20	177
Livermore, 3,119—Alameda Co.								
Arroyo Sanatorium+◎■	TB	County	180	174	..	No	...	182
Hetch Hetchy Hospital	Gen	Cy&Co	40	30	4	Yes	...	.....
Livermore Sanitarium+	N&M	Indep	100	71	..	No	...	114
St. Paul's Hospital	Gen	Indiv	12	6	3	No	...	.....
Veterans Admin. Hospital	TB	VetAd	318	277	..	No	...	466
Lodi, 6,788—San Joaquin Co.								
Dr. Buchanan's Sanitarium	Gen	Indiv	15	4	4	No	36	120
Mason Hospital■	Gen	Part	15	10	5	No	39	350
Loma Linda, 2,500—San Bernardino Co.								
Loma Linda Sanitarium and Hospital+◊■	Gen	Church	139	87	12	Yes	150	2,398

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Long Beach, 142,032—Los Angeles Co.								
Harriman Jones Clinic and Hospital	Gen	Indiv	26	...	..	Yes	...	.....
Long Beach Community Hospital	Gen	Indep	100	74	20	Yes	451	3,810
St. Mary's Long Beach Hospital	Gen	Church	50	41	10	No	162	1,089
Seaside Hospital+◊■	Gen	Indep	235	154	45	Yes	910	6,151
Los Angeles, 1,238,048—Los Angeles Co.								
Banksia Sanitarium	N&M	Indiv	15	6	..	No	...	14
Barlow Sanatorium+◎	TB	Indep	100	90	..	Yes	...	122
California Hospital+◊■	Gen	Church	297	238	28	Yes	904	7,320
Cedars of Lebanon Hospital+●■	Gen	Indep	240	140	40	Yes	863	4,587
Children's Hospital+◎■	Chil	Indep	140	125	..	Yes	...	3,247
Dunbar Hospital (col.)	Gen	Indep	18	4	4	No	...	.....
Eye and Ear Hospital■	EENT	Indep	21	10	..	Yes	...	1,809
French Hospital■	Gen	Indep	80	29	20	No	252	1,200
Golden State Hospital+▲	Gen	Indiv	69	31	2	Yes	...	.....
Hollywood Clara Barton Memorial Hospital●	Gen	Indep	226	180	80	No	1,139	7,695
Hospital of the Good Samaritan+◊■	Gen	Church	380	230	35	No	573	6,303
Lincoln Hospital	Gen	Indep	27	28	9	No	254	1,009
Los Angeles County General Hospital (Units Nos. 1 & 3)●+◊▲	Gen	County	1,462	1,438	40	Yes	1,805	30,884
Los Angeles Lying-In Hosp.	Mater	Indiv	21	11	21	No	...	.....
Los Angeles Mater. Cottage	Mater	Indep	28	16	30	No	486	475
Los Angeles Sanitarium	Gen	Indiv	20	12	..	No	...	141
Methodist Hospital of Southern California+◊■	Gen	Church	210	107	40	No	599	4,387
Orthopaedic Hosp.-School+	Ortho	Indep	85	71	..	Yes	...	1,340
Patal Hospital	Gen	Indiv	15	8	3	No	37	372
Queen of Angels Hosp.◊■	Gen	Church	133	109	20	No	335	3,107
St. Vincent's Hospital+◊■	Gen	Church	200	150	40	No	625	4,491
Santa Fe Coast Lines Hospital●	Gen	Indus	150	121	..	Yes	...	2,530
Southern California Japanese Hospital	Gen	Indep	25	12	3	No	15	620
Southern California Sanit.	Chron	Indiv	60	24	..	No	...	200
Southwest General Hosp.	Gen	Indiv	25	15	8	Yes	115	388
Terry Sanitarium Hospital	Gen	Indiv	14	10	6	No	...	.....
White Memorial Hosp.●+◊■	Gen	Church	112	97	24	Yes	426	3,489
Los Banos, 1,875—Merced Co.								
Los Banos Hospital	Gen	Indiv	15	6	4	No	40	110
Los Gatos, 3,168—Santa Clara Co.								
Oak's Sanitarium	TB	Indiv	70	42	..	No	...	94
Madera, 4,665—Madera Co.								
Madera County Hospital■	Gen	County	51	30	5	No	76	569
Madera Sanitarium■	Gen	Indiv	19	9	6	No	26	358
Manor,—Marin Co.								
Arequipa Sanatorium	TB	Indep	42	42	..	No	...	84
Mare Island, 410—Solano Co.								
U. S. Naval Hospital■	Gen	Navy	844	500	..	Yes	...	3,654
Martinez, 6,569—Contra Costa Co.								
Contra Costa County Hospital■	Gen	County	180	132	5	Yes	55	1,231
Martinez Community Hosp.	Gen	Indep	30	New	6	No	...	.....
Marysville, 5,763—Yuba Co.								
Rideout Memorial Hosp.■	Gen	Indiv	30	18	9	No	80	672
McCloud, 175—Siskiyou Co.								
McCloud Hospital	Gen	Indus	42	14	6	Yes	37	168
Merced, 7,965—Merced Co.								
Mercy Hospital■	Gen	Part	30	20	7	No	130	975
Merced Falls, 63—Merced Co.								
Yosemite Hospital■	Gen	Indus	14	4	2	No	...	64
Modesto, 13,842—Stanislaus Co.								
McPhetter's Hospital	Gen	Indiv	30	16	7	No	83	704
Robertson Hospital	Gen	Indiv	36	22	8	No	109	1,094
St. Mary's Hospital	Gen	Church	21	12	12	No	125	420
Stanislaus County Hosp.■	Gen	County	200	163	16	Yes	185	1,670
Monrovia, 10,800—Los Angeles Co.								
Pottenger Sanat. and Clinic for Diseases of the Lungs and Throat+	TB	Indep	134	106	..	No	...	175
Monterey, 9,141—Monterey Co.								
El Adobe Hospital	Gen	Indiv	17	6	4	No	...	.....
Monterey Hospital■	Gen	Indep	31	19	6	Yes	41	688
Station Hospital■	Gen	Army	54	24	..	No	10	630
Monterey Park, 6,406—Los Angeles Co.								
Garfield Hospital	Gen	Indep	35	20	7	No	152	925
Murphy, 563—Calaveras Co.								
Bret Harte Sanatorium■	TB	County	170	136	..	Yes	...	212
Napa, 6,437—Napa Co.								
Victory Hospital■	Gen	Indep	26	12	6	Yes	58	601
National City, 7,301—San Diego Co.								
Elwyn Sanitarium■	Gen	Part	12	5	..	No	...	265
Paradise Valley Sanitarium and Hospital◊■	Gen	Church	110	66	7	Yes	82	1,221
Newman, 1,269—Stanislaus Co.								
Newman Hospital	Gen	Indiv	12	4	4	No	43	176
Norwalk, 1,537—Los Angeles Co.								
Norwalk State Hospital	N&M	State	1,718	2,013	..	Yes	...	646
Oakland, 284,063—Alameda Co.								
Children's Hospital of the East Bay+■	Chil	Indep	80	29	..	Yes	...	1,852
Fabiola Hospital+◊	Gen	Indep	110	91	30	Yes	625	3,406
Highland Hospital of Alameda County●◊■▲	Gen	County	452	288	22	No	671	8,383
Peralta Hospital	Gen	Indep	129	66	30	No	510	2,803
Providence Hospital◊■	Gen	Church	195	83	29	Yes	337	3,140
St. Anthony's Hospital■	Gen	Indiv	55	33	15	No	72	1,122
Samuel Merritt Hospital+◊■	Gen	Indep	150	104	18	No	281	3,783
Olive View,—Los Angeles Co.								
Olive View Sanatorium■	TB	County	940	830	..	No	...	977

Key to symbols and abbreviations is on page 2078

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Orange, 8,066—Orange Co.								
Orange County Hosp.♦◊■▲	Gen	County	255	193	14	Yes	118	2,527
St. Joseph Hospital◊	Gen	Church	100	41	25	No	150	1,500
Oxnard, 6,285—Ventura Co.								
St. John's Hospital■	Gen	Church	50	22	12	No	160	656
Pacoima, 1,012—Los Angeles Co.								
Indep. Order of Foresters Calif. Tubercular Sanit.	TB	Frat	50	30	..	No	...	.....
Palo Alto, 13,652—Santa Clara Co.								
Palo Alto Hospital	Gen	City	79	27	15	No	149	1,641
Veterans Admin. Hospital	N&M	VetAd	1,010	901	..	No	...	512
Pasadena, 76,086—Los Angeles Co.								
Las Encinas♦▲	Gen	Indep	80	60	..	Yes	...	.....
Pasadena Hospital♦◊■	Gen	Indep	189	123	24	Yes	470	4,597
Woman's Hospital■	Mater	Indep	14	7	14	No	269	273
Patton, 215—San Bernardino Co.								
Patton State Hospital♦	N&M	State	2,550	3,254	..	Yes	...	787
Petaluma, 8,245—Sonoma Co.								
Petaluma General Hospital■	Gen	Indiv	25	8	6	No	87	392
Placerville, 2,322—El Dorado Co.								
Placerville Sanatorium■	Gen	Indiv	21	8	6	No	30	240
Pomona, 20,804—Los Angeles Co.								
Pomona Valley Community Hospital■	Gen	Indep	79	27	21	No	190	1,272
Portola, 1,012—Plumas Co.								
Western Pacific Railway Hospital■	Gen	Indus	30	14	5	Yes	36	485
Red Bluff, 3,517—Tehama Co.								
St. Elizabeth's Mercy Hosp.	Gen	Church	30	15	5	No	...	.....
Tehama County Hospital■	Gen	County	65	46	..	No	...	.....
Redding, 4,188—Shasta Co.								
Dozier Sanitarium■	Gen	Indiv	20	10	3	No	6	202
St. Caroline Sanitarium■	Gen	Indep	19	9	6	No	44	290
Redwood City, 5,962—San Mateo Co.								
Canyon Sanatorium	TB	Indiv	75	55	..	No	...	88
Hassler Health Farm	TB	Cy&Co	44	42	..	No	...	40
Richmond, 20,066—Contra Costa Co.								
Cottage Hospital■	Gen	Indiv	20	15	7	No	116	1,250
Hospital Richmond■	Gen	Indep	50	13	14	No	114	637
Riverside, 29,696—Riverside Co.								
Riverside Community Hospital■	Gen	Indep	60	37	18	No	223	1,595
Sherman Institute Hosp.	Gen	Indian	60	30	..	Yes	...	1,035
Rosemead, 2,717—Los Angeles Co.								
Alhambra Sanatorium	N&M	Indep	12	6	..	No	...	31
Ross, 1,355—Marin Co.								
Ross General Hospital	Gen	Indep	72	30	8	No	103	819
Sacramento, 93,750—Sacramento Co.								
Mater Misericordiae Hospital◊■	Gen	Church	124	66	26	No	300	3,333
Sacramento Hospital♦◊■	Gen	County	450	394	25	Yes	657	8,194
Sutter Hospital■	Gen	Indep	175	119	30	No	555	4,782
Salinas, 10,263—Monterey Co.								
Murphy Hospital■	Gen	Indiv	18	9	5	No	87	454
Salinas Valley Hospital■	Gen	Indiv	23	10	9	No	150	4,320
San Andreas, 775—Calaveras Co.								
San Andreas Hospital	Gen	Indiv	12	2	2	No	12	.....
San Bernardino, 37,481—San Bernardino Co.								
St. Bernardine's Hospital■	Gen	Church	125	20	12	No	32	188
San Bernardino General Hospital◊■▲	Gen	County	299	259	16	Yes	322	3,460
San Clemente, 667—Orange Co.								
San Clemente Community Hospital■	Gen	Indiv	38	15	20	Yes	...	.....
San Diego, 147,995—San Diego Co.								
McCulloch Hospital	Gen	Indiv	25	19	10	No	172	708
Mercy Hospital■	Gen	Church	285	151	40	No	848	6,001
San Diego County General Hospital♦◊■▲	Gen	County	653	489	20	Yes	559	6,647
Scripps Memorial Hosp.■	Gen	Indep	50	20	6	No	50	682
Scripps Metabolic Clinic	Metab	Indep	30	25	..	No	...	706
U. S. Naval Hospital♦◊■▲	Gen	Navy	940	644	..	Yes	...	3,331
San Fernando, 7,567—Los Angeles Co.								
San Fernando Hospital	Gen	Part	12	7	5	No	55	287
Veterans Admin. Hospital	TB	VetAd	230	225	..	No	...	231
San Francisco, 634,394—San Francisco Co.								
Chinese Hospital■	Gen	Indep	54	27	8	Yes	64	706
Dante Sanatorium	Gen	Indep	135	65	10	No	68	2,153
Franklin Hospital◊■	Gen	Frat	225	150	20	Yes	363	4,345
French Hospital♦◊■	Gen	Frat	220	170	14	Yes	142	3,527
Green's Eye Hospital■	Eye	Part	30	15	..	Yes	...	881
Hospital for Children♦♦◊■	Gen	Indep	256	193	44	Yes	931	5,407
Letterman General Hosp.♦■▲	Gen	Army	1,002	727	10	No	87	7,301
Mary's Help Hospital♦♦◊■	Gen	Church	130	90	30	Yes	435	3,354
Mt. Zion Hospital♦◊■	Gen	Indep	175	117	28	Yes	418	3,880
Park Sanitarium	N&M	Indep	32	22	..	No	...	.....
St. Elizabeth's Infant Hosp.	Mater	Church	60	12	20	No	37	52
St. Francis Hospital◊	Gen	Indep	300	219	65	No	843	7,983
St. Joseph's Hospital♦◊	Gen	Church	215	118	24	No	461	4,308
St. Luke's Hospital♦♦◊■	Gen	Church	200	147	26	Yes	504	4,665
St. Mary's Hospital♦♦◊■	Gen	Church	325	209	40	Yes	650	7,097
San Francisco Hosp.♦♦◊■▲	Gen	Cy&Co	1,308	1,092	28	Yes	422	12,824
Shriners' Hospital for Crippled Children♦■	Ortho	Frat	60	60	..	Yes	...	350
Southern Pacific General Hospital♦	Indus	Indus	350	285	..	Yes	...	4,481
Stanford University Hospitals (Including Lane Hospital)♦♦◊■▲	Gen	Indep	316	204	27	Yes	569	8,883
Sutter Hospital	Gen	Part	60	42	10	Yes	50	2,553
U. S. Marine Hospital♦■▲	Gen	USPHS	470	282	..	Yes	...	3,098
Univ. of Calif. Hosp.♦♦◊■	Gen	State	255	171	32	Yes	527	5,380
Sanitarium, 415—Napa Co.								
St. Helena Sanit. & Hosp.◊■	Gen	Church	140	70	6	No	81	1,569
San Jacinto, 1,346—Riverside Co.								
Soboba Indian Hospital	Gen	Indian	30	23	6	Yes	20	147

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
San Jose, 57,651—Santa Clara Co.								
Alum Rock Sanatorium	TB	Indep	29	23	..	No	...	35
O'Connor Sanitarium◊	Gen	Church	100	68	20	No	316	3,288
San Jose Hospital◊■	Gen	Indep	111	74	20	No	446	3,263
Santa Clara County Hospital♦♦◊■	Gen	County	467	368	21	Yes	444	4,370
Santa Clara Sanatorium■	TB	County	95	79	..	Yes	...	100
San Luis Obispo, 8,276—San Luis Obispo Co.								
Mountain View Hospital	Gen	Indiv	25	6	4	No	20	300
San Luis Obispo Gen. Hosp.■	Gen	County	60	33	8	No	59	1,130
San Luis Sanitarium■	Gen	Part	30	13	5	No	50	679
San Mateo, 15,444—San Mateo Co.								
Community Hospital of San Mateo County■	Gen	County	114	90	6	Yes	80	1,105
Mills Memorial Hospital■	Gen	Church	125	50	26	No	338	2,213
San Pedro, —Los Angeles Co.								
San Pedro Hospital■	Gen	Indep	88	57	22	Yes	460	2,034
Station Hospital■	Gen	Army	25	9	1	Yes	1	345
U. S. Ship Relief Hosp.■	Gen	Navy	367	121	..	No	...	2,623
San Rafael, 5,822—Marin Co.								
San Rafael Cottage Hosp.■	Gen	Indiv	36	18	11	No	118	650
Santa Ana, 30,322—Orange Co.								
Santa Ana Valley Hosp.	Gen	Indep	50	30	12	No	...	.....
Santa Barbara, 33,610—Santa Barbara Co.								
St. Francis' Hospital♦◊■	Gen	Church	85	70	15	Yes	188	3,261
Santa Barbara Cottage Hospital♦◊■	Gen	Indep	249	144	27	Yes	227	3,740
Santa Barbara General Hospital♦■▲	Gen	County	200	146	10	No	58	1,235
Santa Cruz, 14,395—Santa Cruz Co.								
Hanly Hospital	Gen	Indiv	31	12	10	No	49	613
Santa Monica, 37,146—Los Angeles Co.								
St. Catherine's Hosp.■	Gen	Part	35	6	6	No	8	150
Santa Monica Hospital■	Gen	Indep	94	63	12	No	346	2,929
Wilshire Hospital■	Gen	Indep	31	16	10	No	95	440
Santa Rosa, 10,636—Sonoma Co.								
General Hospital■	Gen	Indiv	40	15	8	No	105	876
Mary Jesse Hospital	Gen	Indiv	19	6	3	No	20	323
Scotia, 2,024—Humboldt Co.								
Scotia Hospital	Gen	Indus	52	16	4	No	38	457
Selma, 3,047—Fresno Co.								
Selma Sanitarium	Gen	Indep	16	10	3	...	79	550
Sonora, 2,278—Tuolumne Co.								
Sierra Hospital■	Gen	Indiv	26	12	4	No	27	308
Sonora Hospital■	Gen	Indiv	18	9	2	No	38	302
South Gate, 19,032—Los Angeles Co.								
Suburban Hospital	Gen	Indep	40	10	16	No	245	797
South San Francisco, 6,193—San Mateo Co.								
South San Francisco Hosp.■	Gen	Indep	32	5	6	No	55	310
Spadra, 39—Los Angeles Co.								
State Narcotic Hospital	Drug	State	122	85	..	No	...	149
Springville,—Tulare Co.								
Tulare-Kings County Joint Tubercular Hospital■	TB	County	95	85	..	Yes	...	142
Standard, 813—Tuolumne Co.								
Pickering Hospital■	Indus	Indus	25	9	..	No	...	190
Stockton, 47,963—San Joaquin Co.								
Dameron Hospital	Gen	Indep	87	52	12	No	223	2,089
St. Joseph's Home and Hospital◊	Gen	Church	125	69	15	Yes	314	2,589
Stockton State Hospital◊	N&M	State	3,366	3,300	..	No	...	.....
Sunland,—Los Angeles Co.								
Sunland Sanatorium	TB	Indiv	42	New	..	No	...	72
Susanville, 1,358—Lassen Co.								
Riverside Hospital	Gen	Indiv	50	8	6	Yes	72	555
Talmage, 29—Mendocino Co.								
Mendocino State Hospital	N&M	State	1,916	1,700	..	No	...	440
Torrance, 7,271—Los Angeles Co.								
Jared Sidney Torrance Memorial Hospital	Gen	Indep	40	20	12	No	220	951
Tulare, 6,207—Tulare Co.								
Bellevue Sanitarium	Gen	Indiv	15	4	2	No	24	200
Tulare County Gen. Hosp.	Gen	County	66	43	9	Yes	130	945
Tulare Hospital■	Gen	Indiv	16	4	4	No	22	.....
Turlock, 4,276—Stanislaus Co.								
Emanuel Hospital◊■	Gen	Church	50	20	8	No	128	801
Lillian Collins Hospital	Gen	Indiv	15	3	5	No	17	152
Ventura, 11,432—Ventura Co.								
Hosp. de Buena Ventura	Gen	Indep	60	22	12	No	125	1,251
Ventura County Hosp.■▲	Gen	County	180	117	10	Yes	97	1,856
Vineburg, 164—Sonoma Co.								
Burndale Hospital	Gen	Indiv	15	6	2	No	25	218
Visalia, 7,263—Tulare Co.								
Kaweah Hospital■	Gen	Indep	30	15	4	No	68	365
Watsonville, 8,344—Santa Cruz Co.								
Watsonville Hospital	Gen	Indiv	25	18	5	No	152	6,423
Weed, 4,227—Siskiyou Co.								
Weed Hospital■	Gen	Indus	20	6	3	Yes	24	260
Weimar, 32—Placer Co.								
Weimar Joint Sanatorium■	TB	County	381	375	..	No	...	392
Westwood, 4,062—Lassen Co.								
Westwood Hospital	Gen	Indus	100	20	11	Yes	97	558
Willits, 1,424—Mendocino Co.								
Frank R. Howard Memorial Hospital■	Gen	Indep	10	8	4	No	21	261
Woodland, 5,542—Yolo Co.								
Woodland Clinic Hospital■	Gen	Indep	91	52	9	Yes	164	2,315
Yosemite National Park, 90—Mariposa Co.								
W. B. Lewis Hospital	Gen	Fed	13	5	2	No	14	229
Yreka, 2,126—Siskiyou Co.								
Siskiyou County General Hospital■	Gen	County	62	23	7	Yes	85	800
Yuba City, 3,605—Sutter Co.								
Yuba City Gen. Hospital■	Gen	Part	15	7	3	...	35	.....

Key to symbols and abbreviations is on page 2078

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CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alturas, 2,338—Modoc Co.								
Modoc County Hospital	Inst	County	15	8	1	No	7	96
Arrowhead Springs, 217—San Bernardino Co.								
Arrowhead Springs	Metab	Indep	150	51	..	No	...	.....
Artesia, 3,891—Los Angeles Co.								
Resthaven Sanitarium	N&M	Indiv	25	19	..	No	...	31
Auburn, 2661—Placer Co.								
Placer County Hospital■	Inst	County	98	91	2	No	18	487
Azusa, 4,808—Los Angeles Co.								
Children's Open Air Health Camp	TB	Indep	90	82	..	No	...	116
Physiotherapy Institute and Rural Rest Home	Conv	Indep	33	30	..	...	...	120
Bakersfield, 26,015—Kern Co.								
R. B. Rees Hospital	Surg	Indiv	16	4	..	No	...	96
Trinity Hospital	Gen	Indiv	20	5	5	No	33	144
Belmont, 984—San Mateo Co.								
Chas. S. Howard Foundation■	TB	Indep	20	14	..	...	...	195
Nerve Rest Sanitarium	N&M	Indiv	25	16	..	No	...	14
Berkeley, 82,109—Alameda Co.								
California State Schools for the Deaf and Blind■	Inst	State	22	12	..	Yes	...	315
Blythe, 1,020—Riverside Co.								
Frank Luke Mem. Hosp.■	Gen	County	8	2	4	No	...	71
Calexico, 6,289—Imperial Co.								
Gregg Brothers Clinic and Hospital	Gen	Part	6	4	1	No	12	150
Calistoga, 1,000—Napa Co.								
Calistoga Convalescent Home	TB	Indiv	12	8	..	...	...	.....
Chula Vista, 3,869—San Diego Co.								
McNabb Hosp. and Sanit.	Gen	Indep	20	..	..	No	...	.....
Claremont, 2,719—Los Angeles Co.								
Claremont Colleges Infirmary	Inst	Indep	24	4	..	Yes	...	279
Coalinga, 3,851—Fresno Co.								
San Joaquin Hospital■	Gen	Indiv	15	6	2	No	8	312
Colfax, 912—Placer Co.								
Brown's Convalescent Home	TB	Indiv	18	10	..	...	...	25
Kathraman Sanatorium	TB	Part	20	12	..	No	...	28
Sunmount Camp and Preventorium	TB	Indep	40	36	..	No	...	92
Colusa, 2,116—Colusa Co.								
Colusa County Hospital■	Inst	County	58	43	..	No	16	264
Corona, 7,018—Riverside Co.								
Corona Hospital■	Gen	Indiv	8	4	4	No	22	.....
Coronado, 5,425— San Diego Co.								
Coronado Hospital■	Gen	Indiv	10	7	3	No	40	242
Crescent City, 1,720—Del Norte Co.								
Del Norte County Hospital	Gen	County	24	10	..	No	...	77
Culver City, 5,669—Los Angeles Co.								
St. Erne Sanitarium	N&M	Indiv	40	38	..	No	...	72
Decoto, 519—Alameda Co.								
Masonic Home Hospital	Inst	Frat	50	45	..	No	...	.....
Delano, 2,632—Kern Co.								
Delano Emergency Hosp.■	Gen	Indiv	9	8	2	No	19	294
Dinuba, 2,906—Tulare Co.								
Dinuba Hospital■	Gen	Indiv	12	7	5	No	49	213
Duarte, 620—Los Angeles Co.								
Elliott Rest Ranch	TB	Indiv	28	20	..	...	...	20
Palm Grove Sanitarium	Conv	Part	35	30	..	No	...	4
Eldridge, 16—Sonoma Co.								
Sonoma State Home	MenDef	State	2,086	2,391	..	No	...	317
Escalon, 825— San Joaquin Co.								
Escalon Hospital	Gen	Indiv	5	2	3	No	26	96
Fowler, 1,171—Fresno Co.								
Fowler Sanitarium	Gen	Indiv	5	3	3	No	18	118
Hawthorne, 6,396—Los Angeles Co.								
Hawthorne Hospital	Gen	Indiv	10	3	5	No	29	126
Hilts, 216—Siskiyou Co.								
Hilts Hospital	Indus	Indus	6	1	1	No	...	70
Hollister, 3,737—San Benito Co.								
San Benito County Hosp.■	Inst	County	50	18	..	No	...	115
Ione, 806—Amador Co.								
Preston School of Industry■	Inst	State	44	17	..	Yes	...	1,460
Keene, 164—Kern Co.								
Kern County Preventorium	TB	County	44	39	..	Yes	...	70
Kingsburg, 1,322—Fresno Co.								
Kingsburg Sanitarium	Gen	Indiv	8	6	2	No	21	201
La Crescenta, 1,510—Los Angeles Co.								
Kimball Sanitarium	N&M	Indiv	28	18	..	No	...	74
Laguna Beach, 1,981—Orange Co.								
Laguna Beach Hospital	Gen	Indiv	4	1	2	Yes	5	28
La Mesa, 2,513—San Diego Co.								
La Mesa Sanatorium	TB	Indiv	14	8	..	No	...	75
Lincoln, 2,094—Placer Co.								
Joslin Sanatorium	N&M	Indiv	15	9	..	No	...	10
Livermore, 3,119—Alameda Co.								
Del Valle Preventorium■	TB	County	88	81	..	No	...	195
Lompoc, 2,845—Santa Barbara Co.								
Celite Hospital	Indus	Indus	8	2	..	No	...	700
Lone Pine, 360—Inyo Co.								
Lone Pine Hospital	Gen	Indiv	7	2	3	No	28	86
Long Beach, 142,032—Los Angeles Co.								
Rock Haven Preventorium	TB	Indep	20	15	..	No	...	.....
Los Angeles, 1,238,048—Los Angeles Co.								
Belvedere Sanitarium■	TB	Indiv	25	11	..	No	...	61
Brentwood Sanitarium	Surg	Indiv	15	5	..	No	...	156
Casa Del Mar Sanitarium	N&M	Indiv	95	67	..	...	...	.....
Century Sanitarium	Conv	Indiv	38	30	..	No	...	.....
Chase Diet Sanitarium	Conv	Indiv	22	16	..	No	...	211
Fernwold Rest Home	Conv	Indiv	12	9	..	No	...	.....
Junior League Convalescent Home for Children■	Conv	Indep	20	18	..	No	...	85

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Los Angeles County Juvenile Hall Hospital■	Inst	County	116	84	..	No	...	4,331
Los Angeles Receiving Hosp.	Emerg	City	28	..	..	No	...	.....
Los Angeles Smallpox Quarantine Hospital	Iso	City	90	..	8	No	...	.....
Los Feliz Hospital■	Gen	City	30	30	..	No	...	371
Marshall Manor Sanitarium	N&M	Part	20	15	..	...	...	.....
Martha Lee Maternity Hospital	Mater	Indiv	10	2	10	No	...	.....
Private Home Hospital	Mater	Indiv	9	1	8	No	31	34
Resthaven	N&M	Indep	40	30	..	No	...	121
St. Barnabas House	Conv	Church	18	3	..	...	...	.....
St. Vincent's Mater. Home	Mater	Indep	10	10	10	No	...	.....
Salvation Army Truelove Home■	Mater	Church	60	47	35	No	137	185
Santa Marta Maternity Cottage■	Mater	Church	17	12	17	Yes	234	416
Southwest Mater. Hospital	Mater	Indiv	9	3	9	No	161	161
Tapley Sanitarium	N&M	Indiv	15	10	..	No	...	.....
Veterans Admin. Home■▲	Inst	VetAd	857	806	..	Yes	...	3,634
Wilshire Rest Home and Sanitarium	Conv	Part	25	20	..	No	...	.....
Loyalton, 857—Sierra Co.								
Sierra Valley Hospital■	Gen	Indiv	8	2	2	No	...	89
Manor,—Marin Co.								
Bothin Convalescent Home for Women and Children	Conv	Indep	75	45	..	No	...	.....
Manteca, 1,614—San Joaquin Co.								
Manteca Hospital	Gen	Indiv	8	3	4	No	23	201
Marysville, 5,763—Yuba Co.								
Yuba County Hospital■	Inst	County	80	60	..	No	33	343
Merced, 7,066—Merced Co.								
Merced County Hospital■	Gen	County	200	211	11	Yes	149	1,568
Monrovia, 10,890—Los Angeles Co.								
Dore Sanatorium	TB	Indiv	19	19	..	No	...	53
Monrovia Sanitarium	TB	Church	22	15	..	No	...	44
Norumbega Heights Sanat.	TB	Indiv	15	14	..	No	...	70
Montrose, 1,040—Los Angeles Co.								
Dr. Utley's Hospital Sanit.	GenTB	Indiv	25	8	..	No	...	.....
Mountain View, 3,308—Santa Clara Co.								
Mountain View Hospital and Sanitarium■	Gen	Indiv	10	1	4	No	...	150
Nevada City, 1,701—Nevada Co.								
Nevada City Sanitarium■	Gen	Indiv	8	4	6	Yes	20	354
Nevada County Hospital■	Gen	County	64	54	..	No	...	93
Newport Beach, 2,203—Orange Co.								
Newport Beach Hospital	Gen	Indiv	5	3	2	No	...	70
Oakland, 284,063—Alameda Co.								
Fred Finch Orphanage	Inst	Church	12	3	..	No	...	.....
Inez Sanitarium	Mater	Indiv	10	3	12	No	79	78
King's Daughters of Calif. Home for Incurables	Incur	Church	120	90	..	No	...	120
Oakland Maternity Hosp.	Mater	Indep	12	6	12	No	194	194
Salvation Army Women's Home and Maternity Hospital■	Mater	Church	80	42	35	No	97	137
Pacific Grove, 5,558—Monterey Co.								
Bayview Hospital■	Gen	Indiv	12	6	4	No	...	210
Palm Springs, 417—Riverside Co.								
Dr. Henry Reid Clinic and Hospital	Gen	Indiv	25	7	4	No	15	212
Palo Alto, 15,852—Santa Clara Co.								
Student Guild Isolation Hospital of Stanford Univ.	Iso	Indep	35	2	..	No	...	21
Pinedale, 518—Fresno Co.								
Sugar Pine Lumber Company Hospital	Indus	Indus	6	1	..	No	...	14
Placerville, 2,322— Eldorado Co.								
El Dorado County Hosp.■	Inst	County	58	40	..	No	...	.....
Porterville, 5,393—Tulare Co.								
Mt. Whitney Hospital■	Gen	Indiv	8	2	2	No	...	120
Porterville Hospital	Gen	Indiv	16	8	2	No	26	284
Quincy, 1,930—Plumas Co.								
Plumas Industrial Hospital	Indus	Indiv	5	2	..	No	...	59
Randsburg, 443—Kern Co.								
Rand District Hospital	Gen	Indiv	8	2	1	Yes	...	.....
Redding, 4,188—Shasta Co.								
Shasta County Hospital■	Gen	County	81	45	3	No	30	301
Represa, 30—Sacramento Co.								
California State Prison Hospital■▲	Inst	State	78	47	..	Yes	...	.....
Rosemead, 2,717—Los Angeles Co.								
Rosemead Lodge Sanit.	Conv	Part	40	34	..	No	...	97
Sacramento, 93,750—Sacramento Co.								
Emergency Hospital and Dispensary	Emerg	City	7	...	..	No	...	.....
Salinas, 10,263—Monterey Co.								
Monterey County Hospital and Farm■	Inst	County	58	37	6	No	61	643
San Diego, 147,995—San Diego Co.								
Fraser Convalescent Home	Conv	Indiv	18	10	..	No	...	8
Gracewood Hospital	Mater	Indiv	35	...	..	...	...	.....
Lane Sanitarium	Conv	Indiv	9	3	..	No	...	26
San Francisco, 634,394—San Francisco Co.								
Laguna Honda Home Infirmary■▲	Inst	Cy&Co	510	510	..	No	...	.....
San Francisco Emergency Hospital Service■	Emerg	Cy&Co	92	55	..	...	...	.....
San Francisco Home for Incurables, Aged and Sick	Inst	Indep	61	55	..	No	...	.....
San Francisco Polyclinic■	Gen	Indep	12	7	..	Yes	...	523
San Gabriel, 7,224—Los Angeles Co.								
Baldy View Sanitarium	N&M	Part	50	45	..	...	...	24
San Jose, 57,651—Santa Clara Co.								
Sunnyholme Preventorium■	TB	County	45	19	..	Yes	...	82

Key to symbols and abbreviations is on page 2078

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
San Leandro, 11,455—Alameda Co.								
Fairmont Hospital of Alameda County■●	Inst	County	496	475	..	No	...	.....
San Mateo, 15,444—San Mateo Co.								
San Mateo Preventorium	TB	Indep	28	19	..	No	...	41
San Quentin, 328—Marin Co.								
San Quentin Prison Hosp.■▲	Inst	State	150	110	..	No	...	1,450
Santa Cruz, 14,395—Santa Cruz Co.								
Santa Cruz County Hosp.	Inst	County	32	12	6	Yes	59	788
Santa Monica, 37,146—Los Angeles Co.								
Santa Monica Diet Home	Conv	Indiv	10	7	..	No	...	85
Santa Rosa, 10,636—Sonoma Co.								
Sonoma County Hospital■	Inst	County	124	110	6	No	72	1,249
Saratoga, 2,523—Santa Clara Co.								
Odd Fellows' Home	Inst	Frat	41	37	..	No	...	449
Sonora, 2,278—Tuolumne Co.								
Tuolumne County Hosp.■	Inst	County	30	26	2	No	20	280
Spadra, 39—Los Angeles Co.								
Pacific Colony	MenDef	State	480	360	..	No	...	176
Stanford University, 526—Santa Clara Co.								
Stanford Conv. Home	Conv	Indep	45	44	..	No	...	162
Stockton, 47,963—San Joaquin Co.								
Hewlett Emergency Hosp.■	Emerg	City	9	...	..	No	...	.....
Sugar Pine, 75—Madera Co.								
Sugar Pine Hospital	Gen	Indus	18	3	2	No	1	126
Suisun City, 905—Solano Co.								
Solano County Hospital■	Inst	County	96	70	4	No	34	360
Ventura, 11,432—Ventura Co.								
Ventura School for Girls	Inst	State	20	4	..	No	...	.....
Veterans Home,—Napa Co.								
Veterans Home Hospital■▲	Inst	State	240	200	..	Yes	...	649
Victorville, 2,164—San Bernardino Co.								
Victorville Hospital and Desert Air Sanitarium	Gen	Indep	14	9	3	No	...	131
Walkermine, 600—Plumas Co.								
Walker Mining Co. Hosp.	Gen	Indus	7	3	3	Yes	5	83
Weaverville, 509—Trinity Co.								
Trinity County Hospital■	Inst	County	32	18	..	No	...	33
Willows, 2,624—Glenn Co.								
Glenn County Hospital■	Inst	County	28	24	..	No	...	65
Yuba City, 3,605—Sutter Co.								
Sutter County Hospital■	Inst	County	50	37	6	No	28	232

Summary for California:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	276	46,772	36,912	433,019
Related institutions	131	9,209	7,548	29,458
Totals	407	55,981	44,460	462,477
Refused registration	67	2,320		

COLORADO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alamosa, 5,107—Alamosa Co.								
Lutheran Hospital■	Gen	Church	20	13	5	No	53	784
Aspen, 705—Pitkin Co.								
Citizens' Hospital■	Gen	Indep	20	6	2	No	3	38
Boulder, 11,223—Boulder Co.								
Boulder-Colorado Sanitarium and Hospital●◊■	Gen	Church	101	54	8	Yes	47	1,421
Community Hospital■	Inst	Indep	60	16	9	No	72	689
Mesa Vista Sanatorium	TB	Part	36	17	..	No	...	35
Canon City, 5,938—Fremont Co.								
Graves' Hospital■	Gen	Indiv	35	7	6	No	55	374
Holmes Hospital■	Gen	Indiv	22	11	4	No	42	516
Colorado Springs, 33,237—El Paso Co.								
Beth-El General Hosp.●◊■▲	Gen	Church	92	71	12	Yes	282	1,970
Colorado Springs Psychopathic Hospital	N&M	Part	150	85	..	Yes	...	122
Cragmor Sanat. & Hosp.	TB	Indep	150	24	..	No	...	50
Crestone Heights Sanitarium and Hospital■	Gen	Indiv	22	8	5	Yes	44	313
Glockner Sanat. & Hosp.●◊■	Gen	Church	225	176	13	Yes	118	1,528
National M. E. Sanat. for Tuberculosis	TB	Church	70	68	..	No	...	158
St. Francis Hospital and Sanatorium●◊	Gen	Church	138	75	12	No	96	1,119
Sunnyrest Sanatorium	TB	Indep	54	40	..	No	...	20
Union Printers' Home and Tuberculosis Sanatorium✦	Gen/TB	Indep	185	175	..	No	...	109
Cortez, 921—Montezuma Co.								
Johnson Hospital	Gen	Indiv	12	7	1	No	26	373
Cripple Creek, 1,427—Teller Co.								
Cripple Creek Hospital■	Gen	Indep	40	25	6	No	16	143
Del Norte, 1,410—Rio Grande Co.								
St. Joseph's Sanitarium■	Gen	Church	25	8	3	No	48	257
Delta, 2,958—Delta Co.								
Western Slope Hospital	Gen	Indep	11	6	3	No	20	226
Denver, 287,861—Denver Co.								
Agnes Memorial Sanat.	TB	Indep	158	79	..	No	...	123
Bethesda Sanatorium	TB	Church	68	48	..	No	...	48
Beth Israel Hospital■	Gen	Church	67	54	12	No	27	501
Children's Hospital●✧■	Chil	Indep	147	107	28	No	...	3,342
Colorado Gen. Hosp.●●◊■▲	Gen	State	158	124	18	Yes	368	2,808
Colorado Psychopathic Hospital●◊	N&M	State	78	74	..	Yes	...	722
Denver General Hosp.●◊■	Gen	Cy&Co	469	381	46	No	620	9,924
Fitzsimons Gen. Hosp.●■▲	Gen	Army	1,832	1,126	8	Yes	48	4,340

COLORADO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Mary H. Donaldson Woman's Hospital	Mater	Indep	25	12	15	No	273	497
Mercy Hospital●◊■	Gen	Church	165	116	25	No	462	3,768
Mt. Airy Sanitarium	N&M	Indep	40	30	..	No	...	129
National Jewish Hospital✦	TB	Indep	270	280	..	Yes	...	269
Physicians and Surgeons Hospital	Gen	Indiv	58	26	25	...	...	.....
Porter Sanit. and Hospital	Gen	Church	50	20	15	No	86	666
Presbyterian Hospital●◊■	Gen	Church	150	99	25	No	572	3,777
St. Anthony's Hospital●◊■	Gen	Church	177	95	15	No	302	2,649
St. Joseph's Hospital●◊■	Gen	Church	200	125	25	No	284	3,357
St. Luke's Hospital●◊■	Gen	Church	219	141	30	No	610	4,887
Sands House	TB	Indep	40	30	..	No	...	56
Durango, 5,400—La Plata Co.								
Mercy Hospital■	Gen	Church	42	13	6	No	57	866
Englewood, 7,380—Arapahoe Co.								
Swedish National Sanat. for Tuberculosis	TB	Indep	100	58	..	No	...	76
Fairplay, 221—Park Co.								
Fairplay Hospital	Gen	Indiv	20	14	2	No	...	126
Ft. Logan, 1,525—Arapahoe Co.								
Station Hospital	Gen	Army	25	8	..	Yes	...	463
Ft. Lyon, 26—Bent Co.								
Veterans Admin. Hospital▲	Gen	VetAd	590	448	..	No	...	1,383
Ft. Morgan, 4,423—Morgan Co.								
Ft. Morgan Hospital■	Gen	Indiv	25	12	6	No	71	507
Glenwood Springs, 1,825—Garfield Co.								
Glenwood Springs Sanit.	Gen	Indep	25	9	6	No	20	265
Grand Junction, 10,247—Mesa Co.								
St. Mary's Hospital◊	Gen	Church	75	45	12	No	...	875
Greeley, 12,203—Weld Co.								
Greeley Hospital■	Gen	County	61	35	11	No	211	1,532
Weld County Hospital■	Gen	County	70	51	3	Yes	20	488
Hayden, 554—Routt Co.								
Solandt Memorial Hosp.■	Gen	Indep	16	3	4	No	22	124
Holyoke, 1,296—Phillips Co.								
Holyoke Hospital■	Gen	Indiv	10	5	2	Yes	13	250
La Junta, 7,193—Otero Co.								
A.T.& S.F. Railroad Hosp.	Indus	Indus	36	22	..	Yes	...	400
Mennonite Hosp. & Sanit.◊	Gen	Church	70	48	10	No	...	955
Lamar, 4,293—Prowers Co.								
Charles Maxwell Hosp.■	Gen	Indiv	50	33	6	No	84	625
Las Animas, 2,517—Bent Co.								
Blackwill Hospital	Gen	Indiv	12	12	4	...	...	186
Leadville, 3,771—Lake Co.								
St. Vincent's Hospital	Gen	Church	26	6	3	No	20	191
Longmont, 6,029—Boulder Co.								
Longmont Hospital■	Gen	Indiv	33	17	7	Yes	81	640
Monte Vista, 2,610—Rio Grande Co.								
Monte Vista Hospital	Gen	Part	12	4	5	No	40	262
Montrose, 3,566—Montrose Co.								
Montrose Hospital	Gen	Indiv	20	8	5	No	30	389
St. Luke's Hospital	Gen	Indiv	12	4	2	No	14	144
Oak Creek, 1,211—Routt Co.								
Oak Creek Hospital■	Gen	Indiv	10	4	2	No	15	168
Red Cross Hospital	Gen	Part	12	8	2	No	10	240
Ouray, 707—Ouray Co.								
Mates Hospital	Gen	Indiv	25	5	3	No	34	341
Pueblo, 50,686—Pueblo Co.								
Colorado State Hospital	N&M	State	2,250	2,610	..	No	...	445
Corwin Hospital◊■	Gen	Indus	219	101	16	Yes	333	2,644
Parkview Hospital◊	Gen	Indep	104	49	9	No	104	1,233
St. Mary Hospital◊■	Gen	Church	150	90	12	No	222	2,582
Woodcroft Hospital	N&M	Indep	130	75	..	Yes	...	175
Rocky Ford, 3,426—Otero Co.								
Physicians' Hospital	Gen	Part	15	10	2	No	48	245
Salida, 5,065—Chaffee Co.								
D. & R. G. W. Railroad Hospital■	Gen	Indus	81	41	4	No	32	1,086
Red Cross Hospital	Gen	Indiv	42	24	2	Yes	15	638
Silverton, 1,301—San Juan Co.								
Silverton Miners' Union Hospital	Indus	Indus	20	4	..	No	3	101
Spivak, 500—Jefferson Co.								
Sanat. of the Jewish Consumptives' Relief Society✦	TB	Indep	300	202	..	Yes	...	186
Steamboat Springs, 1,198—Routt Co.								
Steamboat Springs Hosp.■	Gen	Indiv	10	4	3	No	...	.....
Sterling, 7,195—Logan Co.								
St. Benedict Hospital	Gen	Church	20	6	6	No	57	876
Towaoc, 60—Montezuma Co.								
Ute Mountain Indian Hosp.	Gen	Indian	24	4	2	Yes	1	54
Trinidad, 11,732—Las Animas Co.								
Mt. San Rafael Hospital◊■	Gen	Church	65	40	10	Yes	111	1,176
Walsenburg, 5,503—Huerfano Co.								
Lamme Brothers Hospital■	Gen	Part	20	9	3	No	28	393
Wheat Ridge, 1,050—Jefferson Co.								
Evangelical Lutheran Sanit.	TB	Church	100	74	..	No	...	49
Windsor, 1,852—Weld Co.								
Bartz Memorial Hospital	Gen	Indiv	11	3	2	No	12	65
Woodmen,—El Paso Co.								
Modern Woodmen of America Sanatorium	TB	Frat	250	165	..	No	...	309
Yuma, 1,369—Yuma Co.								
Lutheran Deaconess Hosp.	Gen	Church	10	2	3	No	21	148
Related Institutions								
Boulder, 11,223—Boulder Co.								
Boulder County Hospital■	Gen	County	30	20	4	No	8	75
Breckenridge, 436—Summit Co.								
Summit County Hospital	Gen	County	11	10	..	No	...	.....
Brush, 2,312—Morgan Co.								
Eben-Ezer Hospital■	Gen	Church	24	12	8	No	65	480
Canon City, 5,938—Fremont Co.								
Colorado State Penitentiary Hospital■▲	Inst	State	22	15	..	Yes	...	350

Key to symbols and abbreviations is on page 2078

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COLORADO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Colfax, 341—Mesa Co.								
Plateau Valley Congregation Hospital	Gen	Church	8	2	4	No	17	134
Colorado Springs, 33,237—El Paso Co.								
Myron Stratton Home	Inst	Indep	15	13	..	Yes	...	59
Denver, 287,861—Denver Co.								
Children's Conv. Home	Chil	Church	24	30	6	No	...	100
Church Home for Convalescents	Conv	Church	22	14	3	No	...	200
Denver Orphans' Home	Inst	Indep	30	5	..	No	...	.....
Ex-Patient Tuber. Home	TB	Indep	81	73	..	No	...	62
National Home for Jewish Children	Inst	Indep	30	2	..	No	...	403
Oakes Home	TB	Church	150	60	..	No	...	.....
St. Clara Orphanage	Inst	Church	30	3	..	No	...	.....
Steele Memorial Hospital	Iso	City	80	24	..	No	...	340
Englewood, 7,980—Arapahoe Co.								
Mokery Sanitarium	N&M	Indiv	14	14	..	No	...	13
Temple Sanatorium	TB	Indiv	28	27	..	No	...	309
Estes Park, 417—Larimer Co.								
Dr. Henry Reid Clinic and Hospital	Gen	Indiv	10	7	..	No	...	.....
Fruita, 1,053—Mesa Co.								
Fruita Community Hosp.	Gen	Indep	8	2	1	No	5	54
Golden, 2,426—Jefferson Co.								
State Industrial School for Boys Hospital■	Inst	State	22	7	..	No	...	.....
Grand Junction, 10,247—Mesa Co.								
State Home and Training School for Mental Defectives	MenDef	State	270	270	..	No	...	50
Homelake, —Rio Grande Co.								
Colorado State Soldiers' and Sailors' Home■	Inst	State	36	18	..	No	...	42
La Veta, 782—Huerfano Co.								
La Veta Hospital	Gen	Indiv	8	1	3	No	15	50
Longmont, 6,029—Boulder Co.								
St. Vrain Hospital	Gen	Indiv	8	3	5	No	...	159
Loveland, 5,506—Larimer Co.								
Loveland Hosp. & Clinic	Gen	Part	10	5	4	No	30	254
Namaqua Hospital	Gen	Indep	14	6	4	No	24	220
Pueblo, 50,086—Pueblo Co.								
City Contagious Hospital	Iso	City	14	...	..	No	...	28
Ridge, —Jefferson Co.								
State Home and Training School for Mental Defectives	MenDef	State	190	158	..	No	...	66
Selbert, 273—Kit Carson Co.								
Seibert Hospital	Gen	Indiv	6	3	2	No	7	80

Summary for Colorado:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	82	11,468	8,307	76,451
Related institutions	28	1,195	803	8,835
Totals	110	12,663	9,110	85,286
Refused registration	15	552		

CONNECTICUT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bridgeport, 146,716—Fairfield Co.								
Bridgeport Hospital*◊	Gen	Indep	298	237	62	No	1,415	7,728
Park City Hospital■	Gen	Indep	33	21	10	Yes	84	818
St. Vincent's Hospital*◊■	Gen	Church	216	182	35	Yes	705	4,905
Bristol, 28,451—Hartford Co.								
Bristol Hospital■	Gen	Indep	84	48	16	Yes	278	1,417
Canaan, 565—Litchfield Co.								
Robert C. Geer Mem. Hosp.■	Gen	Indep	18	New	6	Yes	15	148
Danbury, 22,261—Fairfield Co.								
Danbury Hospital*◊■	Gen	Indep	111	74	23	No	360	2,529
Derby, 10,238—New Haven Co.								
Griffin Hospital■	Gen	Indep	82	58	19	No	385	1,768
Greens Farms, 275—Fairfield Co.								
Hall-Brooke Sanitarium	N&M	Indiv	100	63	..	No	...	135
Greenwich, 5,981—Fairfield Co.								
"Blythewood"	N&M	Part	60	50	..	No	...	95
Greenwich Hospital◊	Gen	Indep	105	69	20	Yes	321	2,213
Hartford, 164,072—Hartford Co.								
Cedarcrest*■	TB	State	191	189	..	No	...	105
Charter Oak Private Hosp.	Gen	Indep	14	10	..	No	10	336
Hartford Hospital*◊■	Gen	Indep	702	467	78	No	1,726	12,123
Hartford Retreat	N&M	Indep	200	175	..	No	...	420
Mt. Sinai Hospital■	Gen	Indep	65	42	15	Yes	241	1,469
Municipal Hospital*■	Gen	City	187	189	12	No	145	2,272
Niles Street Private Hosp.	Gen	Indiv	20	3	20	No	80	148
St. Francis' Hospital*◊■	Gen	Church	480	316	100	Yes	1,525	9,139
Wildwood Sanatorium	TB	Indep	50	43	..	No	...	.....
Meriden, 38,481—New Haven Co.								
Meriden Hospital*◊■	Gen	Indep	112	62	24	No	373	1,919
Meriden State Tuber. Sanatorium■	TB	State	252	196	..	Yes	...	197
Middletown, 24,554—Middlesex Co.								
Connecticut State Hosp.*◊	N&M	State	2,337	2,970	..	Yes	...	497
Middlesex Hospital*◊■	Gen	Indep	135	99	25	No	423	2,479
Milford, 12,660—New Haven Co.								
Milford Hospital■	Gen	Indep	25	18	6	No	99	647
New Britain, 68,128—Hartford Co.								
New Britain General Hospital*◊■	Gen	Indep	204	136	36	No	642	3,716

CONNECTICUT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
New Haven, 162,655—New Haven Co.								
Grace Hospital*◊■	Gen	Indep	243	171	44	Yes	810	5,963
Hospital of St. Raphael*◊■	Gen	Church	212	208	28	No	668	5,157
New Haven Hospital*◆◊■▲	Gen	Indep	459	276	35	Yes	642	6,137
Newington, 4,572—Hartford Co.								
Newington Home for Crippled Children■	Ortho	Indep	200	124	..	Yes	...	134
Veterans Admin. Hospital■	Gen	VetAd	249	161	..	Yes	...	.....
New London, 29,640—New London Co.								
Home Memorial Hospital■	Gen	Indep	48	15	12	Yes	128	449
Lawrence and Memorial Associated Hospitals*◊■	Gen	Indep	192	109	38	No	521	2,642
Dr. Lena's Private Hosp.	Surg	Indiv	24	23	..	Yes	...	865
New Milford, 4,700—Litchfield Co.								
New Milford Hospital■	Gen	Indep	25	10	10	No	74	365
Niantic, 1,697—New London Co.								
The Seaside■	TB	State	59	59	..	No	...	17
Norwalk, 36,019—Fairfield Co.								
Norwalk General Hosp.◊■	Gen	Indep	143	95	23	No	476	3,607
Norwich, 23,021—New London Co.								
Norwich State Hospital	N&M	State	2,345	2,421	..	Yes	...	693
Norwich State Tuberculosis Sanatorium	TB	State	222	215	..	No	...	145
William W. Backus Hospital*◊■	Gen	Indep	129	86	26	Yes	347	2,379
Putnam, 7,318—Windham Co.								
Day Kimball Hospital■	Gen	Indep	71	46	9	Yes	121	1,136
Rockville, 7,445—Tolland Co.								
Rockville City Hospital■	Gen	Indep	33	17	10	No	99	506
Sharon, 1,719—Litchfield Co.								
Sharon Hospital■	Gen	Indep	40	15	12	Yes	130	545
Shelton, 10,113—Fairfield Co.								
Laurel Heights State Tuberculosis Sanatorium■	TB	State	260	220	..	No	...	236
South Manchester, 12,765—Hartford Co.								
Manchester Mem. Hosp.■	Gen	Indep	55	38	11	Yes	235	1,200
South Norwalk, 8,968—Fairfield Co.								
Dr. Wadsworth's Sanit	N&M	Indiv	25	18	..	No	...	10
Stafford Springs, 3,422—Tolland Co.								
Cyril and Julia C. Johnson Memorial Hospital■	Gen	Indep	35	21	10	Yes	141	465
Stamford, 46,346—Fairfield Co.								
Dr. Barnes Sanitarium	N&M	Indiv	75	55	..	No	...	100
The Orchards	N&M	Indiv	25	18	..	No	...	.....
Stamford Hall	N&M	Indep	270	200	..	No	...	.....
Stamford Hospital*◊■	Gen	Indep	231	142	36	Yes	645	5,410
Thompsonville, 8,525—Hartford Co.								
Elmcroft—Dr. Vail's Sanat.	N&M	Indep	29	15	..	No	...	.....
Torrington, 26,040—Litchfield Co.								
Charlotte Hungerford Hospital■	Gen	Indep	129	51	21	Yes	303	1,626
Wallingford, 11,170—New Haven Co.								
Gaylord Farm Sanatorium	TB	Indep	140	137	..	Yes	...	250
Waterbury, 99,102—New Haven Co.								
St. Mary's Hospital*◊■	Gen	Church	206	176	44	Yes	859	6,276
Waterbury Hospital*◊■	Gen	Indep	321	157	36	Yes	516	4,513
West Haven, 25,808—New Haven Co.								
West Haven Surgical and Maternity Hospital	Gen	Part	18	8	8	...	95	215
William Wirt Winchester Hospital■	TB	Indep	60	59	..	Yes	...	142
Westport, 6,073—Fairfield Co.								
Westport Sanitarium	N&M	Indep	112	99	..	No	...	136
Willimantic, 12,102—Windham Co.								
St. Joseph's Hospital◊	Gen	Church	42	32	8	No	103	1,145
Winsted, 7,883—Litchfield Co.								
Litchfield County Hosp.■	Gen	Indep	64	39	11	No	151	926
Related Institutions								
Bridgeport, 146,716—Fairfield Co.								
Englewood Hospital■	Iso	City	150	42	..	No	...	422
Hillside Home and Hosp.▲	Inst	City	370	180	..	No	...	425
Cheshire, 3,293—New Haven Co.								
Connecticut Reformatory*	Inst	State	30	5	..	No	...	.....
Cromwell, 2,814—Middlesex Co.								
Cromwell Hall	Conv	Indiv	35	37	..	No	...	75
Essex, 2,777—Middlesex Co.								
Pettipaug Lodge	Conv	Indiv	15	12	..	No	...	17
Greenwich, 5,981—Fairfield Co.								
Bowman's Sanatorium	N&M	Indiv	10	6	..	No	...	.....
Crest View Sanatorium	N&M	Indiv	22	20	..	No	...	23
Municipal Hospital■	Iso	City	35	5	..	No	...	68
Guilford, 1,880—New Haven Co.								
Guilford Sanatorium■	Gen	Indep	17	9	4	No	30	84
Hartford, 164,072—Hartford Co.								
Hartford Isolation Hosp.	Iso	City	65	33	..	Yes	...	848
Mansfield Depot, 306—Tolland Co.								
Mansfield State Training School and Hospital	MenDef	State	1,100	806	..	No	...	98
Meriden, 38,481—New Haven Co.								
Connecticut School for Boys■	Inst	State	9	4	..	No	...	225
Middletown, 24,554—Middlesex Co.								
Long Lane Farm	Inst	State	9	6	..	Yes	...	227
New Haven, 162,655—New Haven Co.								
Children's Community Center of the New Haven Orphan Asylum	Inst	Indep	34	10	..	No	...	.....
Jewish Home for the Aged	Inst	Indep	33	33	..	No	...	11
Springside Home■▲	Inst	City	63	55	..	No	...	164
Yale Infirmary	Inst	Indep	34	3	..	No	...	757
New London, 29,640—New London Co.								
Connecticut College Infirm.	Inst	Indep	11	7	..	No	...	128
Niantic, 1,697—New London Co.								
Connecticut State Farm for Women■	Inst	State	60	60	12	No	35	262

Key to symbols and abbreviations is on page 2078

CONNECTICUT—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Noroton Heights, 700—Fairfield Co.								
Soldiers Hospital■	Inst	State	126	100	..	No	...	.....
Springdale, 663—Fairfield Co.								
Nestledown Home	Conv	Indiv	12	8	..	No	...	15
Stratford, 19,212—Fairfield Co.								
Sunnyside Sanitarium	Conv	Indep	15	12	..	No	...	92
Watertown, 8,192—Litchfield Co.								
Taft School Infirmary	Inst	Indep	32	6	..	No	...	.....
West Hartford, 24,941—Hartford Co.								
St. Agnes' Home■	Mater	Church	10	3	12	No	64	141
West Haven, 25,808—New Haven Co.								
Leonard Convalescent Home	Conv	Indiv	6	6	..	No	...	10
Wethersfield, 7,512—Hartford Co.								
Connecticut State Prison Hospital■▲	Inst	State	80	72	..	No	...	360
Woodmont, 531—New Haven Co.								
Woodmont Hall	Conv	Indep	16	8	..	No	...	.....

Summary for Connecticut:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	60	13,478	11,303	111,015
Related institutions	27	2,379	1,638	4,523
Totals	87	15,857	12,941	115,538
Refused registration	0			

DELAWARE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Dover, 4,800—Kent Co.								
Kent General Hospital■	Gen	Indep	39	20	8	No	84	723
Farmhurst, 332—New Castle Co.								
Delaware State Hospital◊	N&M	State	600	719	..	Yes	...	182
Ft. Dupont, (Delaware City P.O.)—New Castle Co.								
Station Hospital	Gen	Army	28	5	..	Yes	...	207
Lewes, 1,925—Sussex Co.								
Beebe Hospital■	Gen	Indep	60	22	8	Yes	38	615
Marshallton, 630—New Castle Co.								
Brandywine Sanatorium	TB	State	84	74	..	No	...	117
Edgewood Sanit. (col.)	TB	State	40	17	..	No	...	33
Milford, 5,719—Sussex Co.								
Marshall Hospital■	Gen	Part	22	12	8	Yes	...	.....
Milford Emergency Hosp.◎	Gen	Indep	35	17	6	Yes	42	558
Wilmington, 106,597—New Castle Co.								
Delaware Hospital◊■	Gen	Indep	176	136	24	Yes	311	4,281
Homeopathic Hospital◊■	Gen	Indep	162	81	28	Yes	435	2,555
St. Francis Hospital◊■	Gen	Church	70	48	10	Yes	...	1,623
Wilmington Gen. Hosp.◊■	Gen	Indep	129	74	14	Yes	349	2,286
Related Institutions								
Marshallton, 630—New Castle Co.								
Sunnybrook Cottage	Conv	Indep	24	23	..	No	...	66
Stockley, 138—Sussex Co.								
Delaware Colony for Mental Defectives	MenDef	State	220	168	..	No	...	21

Summary for Delaware:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	12	1,570	1,225	13,160
Related institutions	2	244	191	87
Totals	14	1,814	1,416	13,247
Refused registration	0			

DISTRICT OF COLUMBIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Washington, 486,869								
Carson's Private Hospital (col.)	Gen	Indiv	15	13	4	No	36	315
Central Dispensary and Emergency Hospital◊■	Gen	Indep	260	187	..	Yes	...	6,227
Chevy Chase Sanatorium	N&M	Indiv	23	20	..	No	...	.....
Children's Hospital◊■	Chil	Indep	171	108	11	Yes	...	3,833
Columbia Hosp. for Women and Lying-In Asylum◊■	Mater	Indep	120	83	79	Yes	1,463	2,699
Curtis Private Surgical Sanitarium (col.)	Gen	Part	16	7	4	No	18	161
Eastern Dispensary and Casualty Hospital■	Gen	Indep	100	30	25	Yes	...	1,202
Episcopal Eye, Ear and Throat Hospital◊■	EENT	Church	160	60	..	Yes	...	5,402
Freedmen's Hosp. (col.)◊	Gen	Fed	268	218	24	Yes	407	4,341
Gallinger Municipal Hospital◊◊▲	Gen	City	600	429	50	No	948	8,934
Garfield Memorial Hosp.◊■	Gen	Indep	278	154	43	Yes	670	5,650
Georgetown Univ. Hosp.◊■	Gen	Indep	223	175	51	Yes	650	4,087
George Washington University Hospital■	Gen	Indep	91	68	16	Yes	381	2,447
National Homeopathic Hospital◊	Gen	Indep	60	40	20	Yes	283	1,705
Providence Hospital◊■	Gen	Church	249	149	30	Yes	398	4,450
St. Elizabeths Hospital◊■	Gen	Fed	320	220	5	Yes	4	1,330

DISTRICT OF COLUMBIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Elizabeths Hospital◊■	N&M	Fed	4,721	4,381	..	No	...	851
Sibley Memorial Hospital◊	Gen	Church	235	160	75	Yes	1,648	5,811
Tuberculosis Hosp. of D.C.	TB	State	200	159	..	No	...	398
U. S. Naval Hospital■▲	Gen	Navy	437	384	..	No	...	3,031
Veterans Admin. Hospital▲	Gen	VetAd	194	144	..	No	...	1,692
Walter Reed Gen. Hosp.■▲	Gen	Fed	1,132	847	22	No	268	7,791
Washington Sanitarium and Hospital◊▲	Gen	Indep	165	124	12	Yes	169	1,813
Related Institutions								
Washington, 486,869								
Children's Summer Health Camp	TB	Indep	50	50	..	No	...	.....
District Training School (Laurel, Md.)	MenDef	Fed	400	358	..	..	...	.....
Florence Crittenton Home	Mater	Indep	50	...	50	No	41	120
Harriet Lane Hospital	Gen	Indiv	16	9	..	..	...	.....
Home for Aged & Infirm.■	Inst	State	62	59	..	No	...	125
Kendall House Sanitarium	Conv	Indiv	22	12	..	No	...	100
National Training School for Boys Hospital	Inst	Fed	60	15	..	No	...	.....
St. John's Orphanage	Inst	Church	14	3	..	No	...	45
Smallpox Hospital	Iso	City	41	...	2	No	...	.....
U. S. Soldiers' Home Hospital▲	Inst	Army	500	354	..	Yes	...	1,695
Washington Eye, Ear and Throat Hospital■	EENT	Indep	10	5	..	Yes	...	.....
Washington Home for Incurables	Incur	Indep	122	114	..	No	...	37
Dr. Wm. Gerry Morgan Nursing Home	Conv	Indiv	11	9	..	No	...	51

Summary for District of Columbia:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	23	9,978	8,160	77,136
Related institutions	13	1,277	981	2,173
Totals	36	11,255	9,141	79,309
Refused registration	0			

FLORIDA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Arcadia, 4,082—De Sota Co.								
Arcadia General Hospital■	Gen	Indep	30	15	3	No	25	787
Bartow, 5,269—Polk Co.								
Bartow General Hospital■	Gen	City	18	5	5	No	35	351
Polk County Hospital■	Gen	County	57	48	5	No	75	831
Century, 1,325—Escambia Co.								
Turberville Hospital■	Gen	Indiv	35	12	4	No	5	500
Chattahoochee, 450—Gadsden Co.								
Florida State Hospital◊	N&M	State	2,700	3,545	..	No	...	1,419
Clearwater, 7,607—Pinellas Co.								
Morton F. Plant Endowed Hospital■	Gen	Indep	36	11	5	No	64	428
Coral Gables, 5,697—Dade Co.								
University Hospital	Gen	Indep	50	New	12	No	...	.....
Dade City, 1,831—Pasco Co.								
Dr. T. F. Jackson's Hosp.■	Gen	Indiv	12	4	2	Yes	18	196
Daytona Beach, 16,598—Volusia Co.								
Daytona Beach Sanitarium	Gen	Indiv	12	4	2	No	20	300
Halifax District Hospital	Gen	Indep	125	25	20	Yes	109	1,073
Halifax District Hospital (col.)	Gen	Indep	18	9	1	Yes	5	151
De Land, 5,246—Volusia Co.								
De Land Memorial Hosp.■	Gen	Indep	26	4	11	No	52	455
Ft. Barrancas, 30—Escambia Co.								
Station Hospital	Gen	Army	25	4	..	Yes	...	.....
Ft. Lauderdale, 8,666—Broward Co.								
General Hospital	Gen	Indep	20	5	4	No	25	332
Ft. Myers, 9,082—Lee Co.								
Jones-Walker Hosp. (col.)	Gen	Indep	20	3	..	..	...	.....
Lee Memorial Hospital	Gen	Indep	24	10	4	No	46	336
Ft. Pierce, 4,803—St. Lucie Co.								
Oakland Park Hospital	Gen	City	16	5	4	No	36	.....
Sunrise Hospital	Gen	Indep	10	10	3	No	15	.....
Gainesville, 10,465—Alachua Co.								
Alachua County Hospital■	Gen	County	55	26	5	No	112	885
Homestead, 2,319—Dade Co.								
Post Graduate Hospital	Gen	Part	15	2	5	No	10	50
Jacksonville, 129,549—Duval Co.								
Brewster Hospital (col.)◊	Gen	Church	75	16	9	Yes	29	365
Duval County Hospital■	Gen	County	170	140	15	Yes	210	2,533
Riverside Hospital◊	Gen	Indep	35	21	6	Yes	69	949
St. Luke's Hospital◊	Gen	Indep	153	76	22	Yes	356	2,801
St. Vincent's Hospital◊	Gen	Church	200	71	40	No	446	2,745
Key West, 12,831—Monroe Co.								
U. S. Marine Hospital■	Gen	USPHS	75	88	..	Yes	...	529
Lake City, 4,416—Columbia Co.								
Lake Shore Hospital■	Gen	Indep	15	8	5	No	24	383
Veterans Admin. Hospital▲	Gen	VetAd	307	283	..	No	...	2,356
Lakeland, 18,544—Polk Co.								
Morrell Memorial Hosp.◊■	Gen	City	77	25	16	No	132	1,167
Manatee, 3,219—Manatee Co.								
Riverside Hospital	Gen	Indiv	20	7	5	No	30	500
Marianna, 3,372—Jackson Co.								
Baltzell Hospital	Gen	Indiv	14	4	2	No	3	221
Melbourne, 2,677—Brevard Co.								
Brevard Hospital■	Gen	Indep	27	5	3	No	...	199

Key to symbols and abbreviations is on page 2078

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FLORIDA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Miami, 110,637—Dade Co.								
Biltmore Hospital	Gen	Indiv	30	10	8	No	72	379
Dade County Hospital■	Gen	County	96	41	8	Yes	49	852
James M. Jackson Memorial Hospital■◊■	Gen	City	290	184	35	Yes	408	5,467
Miami Retreat	N&M	Indiv	65	12	..	No	...	115
Reese Boulevard Hospital	Gen	Indiv	16	12	5	No	68	432
Victoria Hospital	Gen	Indiv	62	34	10	No	254	1,624
Miami Beach, 6,494—Dade Co.								
St. Francis Hospital	Gen	Church	80	26	6	Yes	43	981
Ocala, 7,281—Marion Co.								
Munroe Memorial Hosp.◊■	Gen	Cy&Co	75	35	10	No	69	838
Orlando, 27,330—Orange Co.								
Florida Sanit. & Hosp.✤▲	Gen	Church	105	55	14	Yes	59	962
Orange General Hospital◊■	Gen	Indep	130	67	20	No	248	2,631
Palatka, 6,500—Putnam Co.								
Glendale Terrace Hospital	Gen	Part	12	5	4	No	...	.....
Mary Lawson Sanat. (col.)	Gen	Indiv	25	6	6	Yes	15	96
Parkview Hospital	Gen	Indiv	26	5	4	Yes	14	192
Panama City, 5,402—Bay Co.								
Panama City Hospital■	Gen	Part	13	4	2	No	17	302
Drs. Whitfield and Fraser Hospital■	Gen	Part	17	8	2	Yes	21	240
Pensacola, 31,579—Escambia Co.								
Pensacola Hospital◊■	Gen	Church	100	42	15	No	184	1,709
U. S. Naval Hospital■	Gen	Navy	190	158	..	Yes	...	1,087
Quincy, 3,758—Gadsden Co.								
Gadsden County Hospital	Gen	Indep	22	5	4	No	8	286
St. Augustine, 12,111—St. John Co.								
East Coast Hospital◊	Gen	Indus	70	46	6	Yes	34	1,033
Flagler Hospital◊	Gen	Indep	79	41	6	Yes	72	729
St. Petersburg, 40,425—Pinellas Co.								
City Hospital (Mercy Hospital—Colored)	Gen	City	20	7	..	No	5	189
City Hospital (Mound Park Hospital)◊	Gen	City	68	46	14	No	255	2,108
St. Anthony's Hospital	Gen	Church	50	10	12	Yes	7	100
Sanford, 10,100—Seminole Co.								
Fernald-Laughton Memorial Hospital■	Gen	Indep	20	11	6	No	54	545
Sarasota, 8,398—Sarasota Co.								
Joseph Halton Hospital■	Gen	Indiv	10	4	5	No	25	118
Sarasota Hospital	Gen	City	60	12	10	No	...	.....
Sebring, 2,912—Highlands Co.								
Sebring General Hospital	Gen	Indiv	10	3	2	No	...	83
Dr. Weems' Hospital■	Gen	Indiv	13	4	2	No	10	235
Tallahassee, 10,700—Leon Co.								
Johnston's Sanitarium	Gen	Indiv	25	8	4	No	...	.....
Tampa, 101,161—Hillsborough Co.								
Centro Asturiano Hospital	Gen	Frat	75	48	6	Yes	85	1,085
Children's Hospital	Chil	Indep	26	8	..	Yes	...	5.0
Dr. H. M. Cook's Sanat.	Gen	Indiv	32	27	12	No	93	985
Hillsboro County Tuberculosis Sanatorium■	TB	County	60	50	..	No	...	78
Tampa Municipal Hosp.◊	Gen	City	167	89	25	Yes	336	3,274
Tampa Negro Hospital	Gen	City	33	21	1	No	54	741
West Palm Beach, 26,610—Palm Beach Co.								
Good Samaritan Hospital◊	Gen	Indep	125	50	14	No	...	1,825
Pine Ridge Hosp. (col.)	Gen	Indep	35	18	10	No	20	.....
Related Institutions								
Brooksville, 1,405—Hernando Co.								
Hernando General Hospital	Gen	Indep	12	4	2	Yes	...	.....
Gainesville, 10,465—Alachua Co.								
Florida Farm Colony for Epileptic & Feebleminded	MenDef	State	500	454	..	No	...	93
Jacksonville, 125,349—Duval Co.								
Dr. Randolph's Sanitarium	N&M	Indiv	9	5	..	No	...	11
Rollins' Hosp. for Women	Mater	Indiv	8	5	6	No	...	.....
Miami, 110,637—Dade Co.								
Miami Solarium	Conv	Indep	50	35	..	Yes	...	.....
Ocala, 7,281—Marion Co.								
Florida Industrial School for Girls	Inst	State	18	4	..	No	...	.....
Orange Park, 661—Clay Co.								
Mooseheaven Hospital	Inst	Frat	37	32	..	No	...	.....
Raiford, 469—Union Co.								
Florida State Farm Hosp.■	Inst	State	45	17	..	Yes	...	649
St. Petersburg, 40,425—Pinellas Co.								
American Legion Hospital for Crippled Children■	Conv	Indep	30	12	..	Yes	...	79
Stuart, 1,924—Martin Co.								
St. Lucie Sanitarium	Gen	Indep	12	3	3	No	12	70
Tallahassee, 10,700—Leon Co.								
College Infirmary, Florida State College for Women	Inst	State	52	35	..	No	...	1,500
Florida Agricultural and Mechanical College Hosp.■	Inst	State	43	6	1	Yes	4	354
Tampa, 101,161—Hillsborough Co.								
Centro Espanol Sanat.	Gen	Frat	52	12	..	Yes	3	300
Children's Home	Inst	Indep	14	7	..	No	...	.....
Mills Hospital	N&M	Indiv	12	5	..	No	...	32
Roselawn Sanitarium	N&M	Indiv	15	7	..	No	...	.....
Tampa Sanitarium	Gen	Indiv	10	2	..	Yes	...	18
Venezuela Small Hospital (col.)	Gen	Indiv	15	4	2	No	...	.....
Winter Haven, 7,130—Polk Co.								
Winter Haven General Hospital	Gen	Indep	15	4	5	No	29	211

Summary for Florida:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	68	7,693	5,642	53,230
Related institutions	20	909	691	3,274
Totals	88	8,602	6,333	56,504
Refused registration	16	280		

GEORGIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Albany, 14,507—Dougherty Co.								
Phoebe Putney Memorial Hospital◊■	Gen	Indep	44	15	5	No	60	704
Alto, 219—Habersham Co.								
State Tuberculosis Sanat.■	TB	State	325	237	..	Yes	...	441
Americus, 8,760—Sumter Co.								
Americus and Sumter County Hospital◊	Gen	Cy&Co	30	11	3	No	23	345
Americus Colored Hospital	Gen	Indiv	50	25	4	No	...	.....
Athens, 18,192—Clarke Co.								
Athens General Hospital■	Gen	County	53	29	10	Yes	...	.....
Fairhaven Tuber. Sanit.	TB	Indep	36	24	..	No	...	65
St. Mary's Hospital■	Gen	Indiv	55	10	3	No	23	352
Atlanta, 360,691—Fulton Co.								
Atlanta Hospital◊	Gen	Indiv	30	8	5	No	25	675
Battle Hill Sanatorium■	TB	Cy&Co	224	210	..	Yes	...	226
Blackman Health Resort	Gen	Indep	60	28	..	No	...	.....
Crawford W. Long Memorial Hospital and Clinic◊	Gen	Indep	146	80	14	No	248	2,589
Georgia Baptist Hosp.◊	Gen	Church	130	94	20	No	495	4,175
Georgia Sanitarium	Gen	Indiv	10	3	2	Yes	5	38
Grady Hospital (White Unit)◊	Gen	City	250	215	33	Yes	1,293	6,759
Grady Hosp., Emory Division (Colored Unit)✤	Gen	City	230	215	33	Yes	1,403	5,357
Grady Hosp., Albert Steiner Clinic for Cancer and Allied Disease Unit✤■	Cancer	City	30	22	..	Yes	...	2,632
Henrietta Egleston Hospital for Children✤	Chil	Indep	50	26	3	No	...	919
Piedmont Hospital✤◊	Gen	Indep	120	75	15	No	223	2,875
St. Joseph Infirmary◊	Gen	Church	120	57	15	No	217	2,126
St. Mary's Hospital	Mater	Indiv	16	16	18	No	16	19
Veterans Admin. Hospital	Gen	VetAd	200	190	..	No	...	1,788
William A. Harris Memorial Hospital (col.)	Gen	Indiv	15	8	2	No	10	360
Augusta, 60,342—Richmond Co.								
University Hospital✤◊■	Gen	City	257	160	20	Yes	361	5,421
Veterans Admin. Hospital✤	N&M	VetAd	617	613	..	Yes	...	141
Wilhenford Hospital for Women and Children✤	Gen	Indep	50	22	4	No	50	911
Bainbridge, 6,141—Decatur Co.								
Bainbridge Hospital	Surg	Indiv	32	18	2	No	...	732
Riverside Hospital■	Gen	Part	30	16	4	Yes	24	.....
Brunswick, 14,022—Glynn Co.								
Brunswick City Hospital■	Gen	City	64	18	9	No	64	670
Cairo, 3,169—Grady Co.								
Walker Hospital■	Gen	Indiv	15	7	1	No	6	68
Canton, 2,892—Cherokee Co.								
Coker's Hospital	Gen	Indep	25	13	2	No	...	.....
Cedartown, 8,124—Polk Co.								
Cedartown Hospital	Gen	Indiv	12	3	2	Yes	4	115
Hall-Chandron Hospital■	Gen	Indiv	10	4	2	No	11	110
Whitely Hospital	Gen	Indiv	10	2	2	No	10	.....
Columbus, 43,131—Muscogee Co.								
Columbus City Hospital◊■	Gen	Cy&Co	200	83	12	No	156	2,511
Cordele, 6,880—Crisp Co.								
Cordele Sanatorium	Gen	Indep	12	3	1	No	12	175
Cuthbert, 3,235—Randolph Co.								
Patterson Hospital■	Gen	Indiv	25	11	3	No	18	445
Dalton, 8,160—Whitfield Co.								
Hamilton Memorial Hosp.◎	Gen	Indep	36	13	3	No	34	597
Decatur, 13,276—De Kalb Co.								
Scottish Rite Hospital for Crippled Children	Ortho	Frat	64	59	..	Yes	...	375
Donalsonville, 1,183—Seminole Co.								
Chason's Hospital■	Gen	Part	20	9	4	No	16	318
Dublin, 6,681—Laurens Co.								
Claxton Sanitarium	Gen	Indiv	26	15	2	No	9	596
Dublin Clinic	Gen	Indiv	28	10	3	Yes	20	430
Eastman, 3,022—Dodge Co.								
Coleman Sanitarium■	Gen	Indiv	20	6	2	No	12	316
Elberton, 4,650—Elbert Co.								
Elbert County Hospital■	Gen	Cy&Co	16	4	4	No	17	241
Emory University, —De Kalb Co.								
Wesley Memorial Hosp.✤◊	Gen	Church	178	112	22	Yes	384	3,927
Fitzgerald, 6,442—Ben Hill Co.								
Fitzgerald Hospital■	Gen	Indep	35	8	2	No	24	405
Ft. Benning, —Chattahoochee Co.								
Station Hospital■▲	Gen	Army	259	138	8	Yes	77	4,348
Ft. McPherson, 150—Fulton Co.								
Station Hospital	Gen	Army	74	33	4	Yes	38	534
Ft. Oglethorpe, 1,186—Catoosa Co.								
Station Hospital	Gen	Army	100	32	..	Yes	...	278
Ft. Screven, 17—Chatham Co.								
Station Hospital	Gen	Army	30	10	..	Yes	...	.....
Gainesville, 8,624—Hall Co.								
Downey Hospital◊■	Gen	Indep	52	19	6	No	45	778
Griffin, 10,321—Spalding Co.								
R. F. Strickland & Son Memorial Hospital	Gen	Indiv	46	14	5	No	37	591
Hoschton, 427—Jackson Co.								
Allen Clinic and Hospital	Gen	Part	10	2	2	Yes	8	131
Jesup, 2,303—Wayne Co.								
Drs. Colvin-Ritch Sanit.■	Gen	Part	16	9	2	No	21	238
LaFayette, 2,809—Walker Co.								
LaFayette Sanitarium	Gen	Indiv	15	6	2	No	15	288
LaGrange, 20,131—Troup Co.								
Dunson Hospital■	Gen	City	60	11	8	No	50	533
Macon, 64,045—Bibb Co.								
Hopewell Sanatorium■	TB	County	24	20	..	No	...	50
Macon Hospital✤◊■	Gen	Cy&Co	150	109	20	Yes	...	.....
Middle Georgia Sanat.◎	Gen	Indep	50	26	8	No	141	1,440
Oglethorpe Private Infirm.◎	Gen	Indep	35	15	6	No	17	865
Pumpelly-Massenburg Sanat.	Gen	Indep	26	12	6	No	50	819
St. Luke Hosp.tal (col.)	Gen	Indiv	12	3	..	No	10	75

Key to symbols and abbreviations is on page 2078

GEORGIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Marietta, 7,698—Cobb Co.								
Marietta Hosp.tal	Gen	Indep	35	9	2	...	...	.....
Metter, 1,494—Candler Co.								
Metter Sanitarium	Gen	Indiv	10	6	5	No	...	.....
Milledgeville, 5,384—Baldwin Co.								
Allen's Invalid Home	N&M	Indiv	150	126	..	No	...	.....
Milledgeville City Hospital	Gen	Indep	40	30	10	No	...	.....
Milledgeville State Hosp.◎	N&M	State	4,650	5,503	..	No	...	591
Millen, 2,527—Jenkins Co.								
Millen Hospital■	Gen	Indiv	22	6	4	No	9	238
Mulkey Hospital	Gen	Indiv	20	8	4	No	20	196
Monroe, 5,766—Walton Co.								
Walton County Hosp.tal	Gen	Indep	16	5	1	No	...	188
Moultrie, 8,027—Colquitt Co.								
Edmondson-Brannen Hospital■	Gen	Part	18	10	2	No	12	222
Newnan, 6,386—Coweta Co.								
Newnan Hosp.tal	Gen	Indep	25	4	2	No	...	.....
Plains, 689—Sumter Co.								
Wise Sanitarium■	Gen	Indep	60	13	2	No	8	470
Rome, 21,843—Floyd Co.								
Harbin Hospital◊■	Gen	Part	75	24	10	No	50	1,366
McCall Hospital◊	Gen	Indep	50	20	10	Yes	69	1,314
Sandersville, 3,011—Washington Co.								
Rawling's Sanitarium■	Gen	Indep	50	15	7	Yes	21	774
Savannah, 85,024—Chatham Co.								
Central of Georgia Railway Hospital■	Indus	Indus	62	37	..	Yes	...	1,371
Charity Hospital (col.)	Gen	Indep	40	30	12	No	68	.....
Georgia Infirmary (col.)◊	Gen	Indep	75	64	7	Yes	202	1,801
Oglethorpe Sanatoriums	Gen	Indiv	45	28	8	No	97	1,042
St. Joseph's Hospital◊	Gen	Church	90	55	10	No	125	1,520
Telfair Hospital◊	Gen	Indep	74	42	16	No	286	1,540
U. S. Marine Hosp.tal	USPHS	Indep	165	162	..	Yes	...	1,644
Warren A. Candler Hosp.◊	Gen	Church	70	50	6	Yes	125	2,170
Smyrna, 1,178—Cobb Co.								
Dr. Brawner's Sanitarium	N&M	Part	40	24	..	No	...	.....
Statesboro, 3,596—Bulloch Co.								
Statesboro Hospital	Gen	Part	20	5	2	No	16	182
Van Buren's Sanit. (col.)	Gen	Indiv	25	8	..	No	1	102
Stone Mountain, 1,335—De Kalb Co.								
Stone Mountain Sanit	N&M	Indiv	35	24	..	No	...	16
Summerville, 933—Chattooga Co.								
Summerville Trion Hosp.■	Gen	Indep	20	5	4	Yes	12	238
Swainsboro, 2,442—Emanuel Co.								
Franklin-Coleman Hosp.■	Gen	Indiv	28	6	1	Yes	12	202
Thomasville, 11,736—Thomas Co.								
John D. Archbold Memorial Hosp.tal◊■	Gen	Indep	103	53	12	Yes	92	1,725
Tifton, 3,396—Tift Co.								
Coastal Plain Hospital	Gen	Part	25	6	2	...	2	236
Valdosta, 13,482—Lowndes Co.								
Frank Bird Hosp.tal	Gen	Indiv	22	8	4	No	...	471
Little-Griffin Private Hospitals■	Gen	Indep	43	18	3	Yes	50	950
Washington, 3,178—Wilkes Co.								
Washington General Hosp.	Gen	Indep	18	5	2	No	12	224
Waycross, 15,510—Ware Co.								
Atlantic Coast Lines Hospital■	Indus	Indus	75	40	..	Yes	...	1,185
King's Daughters Hospital	Gen	Church	40	10	8	No	14	569
Related Institutions								
Adel, 1,786—Cook Co.								
Adel Hospital	Gen	Part	7	1	..	No	...	.....
Atlanta, 300,091—Fulton Co.								
Brook Haven Manor Sanat.	N&M	Indiv	12	4	..	No	...	.....
Confederate Soldiers Home	Inst	State	25	8	..	...	...	.....
Contagious Disease Hosp.■	Iso	City	50	...	..	No	...	431
Florence Crittenton Home	Mater	Indep	26	12	16	No	40	71
Mercy Hosp.tal	Gen	Part	20	..	2	No	...	.....
Southeastern Sanitarium	N&M	Indiv	10	4	..	No	...	.....
U. S. Penitentiary Hosp.■	Inst	Fed	145	113	..	Yes	...	1,826
Venereal Hosp. & Clinic■	Vener	City	64	43	..	Yes	...	268
Cartersville, 5,250—Bartow Co.								
Dr. Lowry's Hosp.	Gen	Indiv	8	2	..	No	...	.....
Cave Spring, 723—Floyd Co.								
Georgia School for Deaf	Inst	State	25	5	..	No	...	.....
Cordele, 6,880—Crisp Co.								
Gillespie Hospital (col.)	Gen	Church	10	5	2	Yes	3	152
Milledgeville, 5,384—Baldwin Co.								
Georgia State Penitentiary General Hospital■	Inst	State	40	30	..	No	...	.....
Georgia State Penitentiary Tubercular Hosp.tal	Inst	State	70	70	..	No	...	.....
Parks Memorial Hospital	Inst	State	30	8	..	No	...	.....
Moultrie, 8,027—Colquitt Co.								
Daniel Emerg. Sanitarium■	Gen	Indiv	10	6	1	No	8	1.0
Savannah, 85,024—Chatham Co.								
Kiwanis Sunshine Unit of Chatham-Savannah Tuberculosis Association	TB	Indep	12	12	..	Yes	...	.....
Warm Springs, 400—Meriwether Co.								
Georgia Warm Springs Foundation	Ortho	Indep	86	...	..	No	...	251

Summary for Georgia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	96	12,138	9,736	95,489
Related institutions	18	655	338	3,159
Totals	114	12,793	10,074	98,648
Refused registration	2	35		

IDAHO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
American Falls, 1,280—Power Co.								
Bethany Hospital	Gen	County	16	8	20	No	70	244
Blackfoot, 3,196—Bingham Co.								
Blackfoot General Hospital	Gen	Indiv	15	10	..	No	...	.....
Boise, 21,544—Ada Co.								
St. Alphonsus Hospital◊■	Gen	Church	125	70	10	No	...	2,570
St. Luke's Hospital◊■	Gen	Church	100	75	14	No	260	2,739
Veterans Admin. Hospital	Gen	VetAd	235	180	..	No	...	1,277
Bonners Ferry, 1,418—Boundary Co.								
Bonners Ferry Hospital	Gen	Indep	25	9	4	No	54	340
Burley, 3,826—Cassia Co.								
Fremstad Hospital	Surg	Indiv	10	2	..	No	...	.....
Coeur d'Alene, 8,297—Kootenai Co.								
Lakeside Hospital	Gen	Indiv	15	8	4	No	12	.....
Cottonwood, 519—Idaho Co.								
Our Lady of Consolation Hospital	Gen	Church	16	5	4	No	3	.....
Ft. Hall, 190—Bingham Co.								
Ft. Hall Indian Agency Hospital	Gen	Indian	14	3	6	Yes	21	150
Gooding, 1,592—Gooding Co.								
Gooding Hospital	Gen	Cy&Co	14	5	5	No	38	289
Hailey, 973—Blaine Co.								
Hailey Clinical Hospital	Gen	Indiv	15	5	4	No	15	.....
Idaho Falls, 9,429—Bonneville Co.								
Idaho Falls Latter-Day Saints' Hospital◊■	Gen	Church	87	57	13	No	378	2,006
Spencer Hospital■	Gen	Indep	35	19	6	No	60	704
Kellogg, 4,124—Shoshone Co.								
Wardner Hospital■	Gen	Indiv	18	5	6	Yes	20	282
Lapwai, 416—Nez Perce Co.								
Ft. Lapwai Sanatorium School	TB	Indian	132	132	..	Yes	...	190
Lava Hot Springs, 544—Bannock Co.								
Lava Hot Springs Municipal Sanitarium	Gen	City	22	5	2	No	...	.....
Lewiston, 5,403—Nez Perce Co.								
St. Joseph's Hospital◊	Gen	Church	77	46	14	No	196	1,100
White Hospital◊■	Gen	Indep	34	23	4	Yes	57	436
Montpelier, 2,436—Bear Lake Co.								
Montpelier Hospital	Gen	Indiv	35	10	..	No	...	.....
Moscow, 4,476—Latah Co.								
Gritman Private Hosp.tal■	Gen	Indiv	25	7	5	No	33	205
Inland Empire Hospital	Gen	Indiv	15	5	3	No	12	200
Nampa, 8,206—Canyon Co.								
Mercy Hospital◊	Gen	Church	40	20	6	No	65	546
Samaritan Hospital◊■	Gen	Church	37	20	6	Yes	24	776
Orofino, 1,078—Clearwater Co.								
Orofino Hospital■	Gen	Part	30	9	4	No	...	339
Pocatello, 16,471—Bannock Co.								
Pocatello General Hosp.◊■	Gen	Cy&Co	60	28	14	No	184	1,397
St. Anthony's Mercy Hospital◊■	Gen	Church	43	23	7	No	136	705
Potlatch, 1,565—Latah Co.								
Potlatch Hospital	Gen	Indep	20	12	3	No	20	400
Preston, 3,381—Franklin Co.								
General Memorial Hosp.tal	Gen	Indep	15	6	4	No	32	403
Priest River, 949—Bonner Co.								
Priest River Hospital■	Gen	Part	20	1	2	Yes	2	56
Rexburg, 3,648—Madison Co.								
Emergency Hospital■	Gen	Indiv	12	5	2	No	16	86
Rexburg General Hospital	Gen	Indiv	12	5	3	No	20	328
Rupert, 2,270—Minidoka Co.								
Rupert General Hosp.tal	Gen	Indiv	13	8	3	No	25	186
St. Maries, 1,586—Benewah Co.								
St. Maries Hospital	Gen	Indiv	30	11	5	Yes	11	366
Sandpoint, 3,259—Bonner Co.								
Page Hospital	Gen	Indiv	30	8	4	Yes	29	260
Parnell Hospital	Gen	Indiv	20	8	4	No	18	110
Shoshone, 1,231—Lincoln Co.								
Shoshone Benevolent Hosp.	Gen	Indiv	30	6	..	No	...	.....
Soda Springs, 831—Caribou Co.								
Caribou County Hospital■	Gen	County	18	1	2	No	2	402
Spirit Lake, 1,241—Kootenai Co.								
Spirit Lake Hospital	Gen	Part	10	2	2	No	12	47
Twin Falls, 8,787—Twin Falls Co.								
Twin Falls County General Hospital■	Gen	County	70	45	10	No	178	1,397
Wallace, 3,664—Shoshone Co.								
Providence Hospital	Gen	Church	65	27	8	No	96	1,956
Wallace Hospital	Gen	Indep	50	20	5	No	34	688
Wendell, 725—Gooding Co.								
St. Valentine's Hospital	Gen	Church	25	10	5	No	...	.....
Related Institutions								
Blackfoot, 3,199—Bingham Co.								
Dr. W. W. Beck Hospital	Gen	Indiv	7	4	2	No	16	165
State Hospital South	N&M	State	300	400	..	No	...	107
Boise, 21,544—Ada Co.								
Boise City Detention Hosp.	Iso	City	10	4	..	No	...	4
Idaho State Soldiers Home Hospital	Inst	State	25	8	..	No	...	.....
Salvation Army Women's Home and Hospital■	Mater	Church	8	2	12	No	71	71
Ft. Hall, 190—Bingham Co.								
Ft. Hall Indian School Hospital	Gen	Indian	16	10	..	No	...	.....
Malad City, 2,535—Oneida Co.								
Community Hospital	Gen	Indep	10	4	2	No	...	.....
Moscow, 4,476—Latah Co.								
University of Idaho Infirm.	Inst	State	16	6	..	Yes	...	413
Nampa, 8,206—Canyon Co.								
Idaho State School and Colony	MenDef	State	451	363	..	No	...	103
Orofino, 1,078—Clearwater Co.								
State Hospital North	N&M	State	350	327	..	No	...	64

Key to symbols and abbreviations is on page 2078

IDAHO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Anthony, 2,778—Fremont Co.								
Idaho Industrial Training School	Inst	State	20	5	..	No	...	.....
St. Maries, 1,696—Benewah Co.								
Dr. Platt's Hospital	Gen	Indiv	8	2	2	No	6	.....
Salmon, 1,371—Lemhi Co.								
Salmon General Hospital.	Gen	Part	9	1	3	No	19	85

Summary for Idaho:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums.	43	1,695	966	23,200
Related institutions	13	1,330	1,132	1,012
Totals	56	3,025	2,098	24,212
Refused registration	3	94		

ILLINOIS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alton, 30,151—Madison Co.								
Alton State Hospital	N&M	State	1,316	1,417	..	No	...	.....
St. Anthony's Infirmary & Sanitarium	Gen	Church	98	50	..	No	...	385
St. Joseph's Hospital◊■	Gen	Church	75	41	10	No	195	2,417
Amboy, 1,972—Lee Co.								
Amboy Public Hospital■	Gen	Indep	13	3	2	No	39	149
Anna, 3,436—Union Co.								
Anna State Hospital◊	N&M	State	1,957	1,925	..	No	...	420
Hale-Willard Mem. Hosp.■	Gen	City	20	8	4	No	8	250
Annawan, 489—Henry Co.								
J. M. Young Hospital	Gen	Indiv	18	10	2	No	7	1,515
Aurora, 46,589—Kane Co.								
Copley Hospital◊■	Gen	Indep	67	47	18	No	407	2,104
Kane County Spring Brook Sanitarium■	TB	County	87	78	..	Yes	...	119
Mercyville Sanitarium	N&M	Church	200	145	..	No	...	224
St. Charles Hospital◊■	Gen	Church	80	47	20	No	325	2,719
St. Joseph's Mercy Hospital◊■	Gen	Church	100	35	20	No	223	1,145
Batavia, 5,045—Kane Co.								
Bellevue Place Sanitarium	N&M	Indep	38	33	..	No	...	8
Fox River Sanitarium	TB	Indep	47	46	..	No	...	53
Belleville, 28,425—St. Clair Co.								
St. Elizabeth's Hospital■	Gen	Church	110	58	15	No	212	2,050
Station Hospital	Gen	Army	25	10	..	No	...	138
Belvidere, 8,125—Boone Co.								
Highland Hospital■	Gen	Indep	25	14	10	No	83	493
St. Joseph's Hospital	Gen	Church	25	9	10	No	94	322
Benton, 8,219—Franklin Co.								
Moore Hospital■	Gen	Indiv	30	13	1	No	6	329
Berwyn, 47,627—Cook Co.								
Berwyn Hospital	Gen	Indep	75	25	18	No	...	.....
Bloomington, 30,909—McLean Co.								
Mennonite Hospital◊	Gen	Church	35	32	6	No	97	934
St. Joseph's Hospital◊■	Gen	Church	200	105	25	No	305	3,124
Blue Island, 16,554—Cook Co.								
St. Francis' Hospital	Gen	Church	85	43	15	No	261	1,931
Breese, 1,957—Clinton Co.								
St. Joseph's Hospital■	Gen	Church	25	12	2	No	21	395
Bushnell, 2,850—McDonough Co.								
Elmgrove Sanitarium	TB	County	36	25	..	No	...	52
Cairo, 13,532—Alexander Co.								
St. Mary's Hospital◊■	Gen	Church	100	40	8	No	165	1,236
Canton, 11,718—Fulton Co.								
Graham Hospital◊■	Gen	City	43	30	13	No	123	1,408
Carbondale, 7,528—Jackson Co.								
Holden Memorial Hosp.◊■	Gen	Church	50	20	6	No	63	575
Carlinville, 4,144—Macoupin Co.								
Macoupin Hospital■	Gen	Indiv	20	15	6	No	43	612
Carmi, 2,932—White Co.								
Carmi Hospital	Gen	Part	10	5	1	No	4	201
Centralia, 12,583—Marion Co.								
St. Mary's Hospital◊■	Gen	Church	75	22	6	No	48	1,101
Champaign, 20,348—Champaign Co.								
Burnham City Hospital◊	Gen	City	70	50	16	No	251	2,178
Charleston, 8,012—Coles Co.								
M. A. Montgomery Memorial Sanatorium	Gen	Indep	28	11	4	No	24	360
Oakwood Hospital■	Gen	Part	23	12	4	No	24	424
Chatsworth, 981—Livingston Co.								
Chatsworth Hospital	Gen	Indiv	10	4	2	No	...	.....
Chicago, 3,376,438—Cook Co.								
Albert Merritt Billings Hospital (Medical & Surgical Department of University of Chicago Clinics)								
Alexian Brothers Hosp.◊	Gen	Church	287	204	..	No	...	3,699
American Hospital◊	Gen	Indep	134	70	16	No	185	1,764
Augustana Hospital◊	Gen	Church	350	224	25	Yes	614	6,311
Belmont Hospital	Gen	Indep	100	83	36	Yes	754	3,304
Bethany Hospital	Gen	Indep	49	14	16	No	165	408
Bobs Roberts Memorial Hospital for Children (Pediatric Department of University of Chicago Clinics)								
Burnside Hospital◊	Gen	Indep	65	35	16	No	...	.....
Burrows Hospital	Gen	Indiv	40	15	6	No	29	1,331
Chicago Eye, Ear, Nose and Throat Hospital	EENT	Indep	75	14	..	Yes	...	1,684
Chicago Fresh Air Hospital	TB	Indep	104	88	..	No	...	227
Chicago Lying-In Hosp.◊	Mater	Indep	157	108	140	Yes	2,849	3,938
Chicago Memorial Hosp.◊	Gen	Indep	88	61	20	Yes	201	2,202
Chicago Municipal Tuberculosis Sanitarium◊■	TB	City	1,222	1,125	3	No	1	1,763

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chicago Sanitarium	N&M	Indep	110	36	..	No	...	1,931
Chicago State Hospital◊	N&M	State	3,866	3,805	..	Yes	...	1,248
Children's Memorial Hospital◊■	Chil	Indep	272	171	..	Yes	...	3,373
Columbus Hospital◊	Gen	Church	196	85	23	Yes	213	3,881
Cook County Hosp.◊■	Gen	County	3,300	2,359	115	No	3,536	55,181
Cook County Psy. Hosp.	N&M	County	175	116	..	No	...	5,170
Dailey Hosp. & Sanit. (col.)	Gen	Indep	28	20	6	Yes	...	.....
Durand Hospital◊■	Iso	Indep	60	46	..	No	...	704
Edgewater Hospital	Gen	Indep	120	72	20	No	360	2,880
Englewood Hospital◊	Gen	Indep	103	83	39	No	576	3,051
Evangelical Deaconess Hospital◊■	Gen	Church	66	34	18	No	217	1,205
Evangelical Hospital◊	Gen	Church	200	138	60	No	1,417	6,312
Frances E. Willard Hosp.◊■	Gen	Indep	159	72	26	Yes	594	3,245
Franklin Boulevard Hosp.◊	Gen	Indep	60	46	20	No	292	2,271
Garfield Park Hospital◊	Gen	Indep	196	102	35	Yes	741	4,136
Grant Hospital◊	Gen	Indep	250	155	50	Yes	1,193	5,810
Henrotin Hospital◊	Gen	Indep	75	54	8	Yes	112	2,037
Holy Cross Hospital	Gen	Church	100	58	20	No	484	3,366
Hospital of St. Anthony de Padua◊■	Gen	Church	220	185	45	No	1,226	6,742
Illinois Central Hosp.■	Gen	Indus	250	149	21	Yes	333	4,196
Illinois Eye & Ear Infirm.	EENT	State	183	155	..	Yes	...	3,958
Illinois Masonic Hosp.◊	Gen	Frat	142	79	25	Yes	400	2,711
Illinois Steel Co. Hospital	Indus	Indus	30	19	..	Yes	...	137
Jackson Park Hospital◊	Gen	Indep	250	127	42	Yes	...	.....
John B. Murphy Hosp.◊	Gen	Church	100	55	29	No	542	2,260
Lake View Hospital◊	Gen	Indep	112	52	32	No	323	2,248
Lewis Memorial Maternity Hospital	Mater	Church	264	43	250	Yes	1,332	.....
Lutheran Deaconess Home and Hospital◊■	Gen	Church	175	138	42	No	809	4,746
Lutheran Mem. Hosp.◊	Gen	Church	157	89	34	No	583	3,258
Martha Washington Hosp.	Gen	Indep	91	49	14	No	93	1,491
Mercy Hospital◊	Gen	Church	365	220	35	No	593	6,770
Michael Reese Hospital◊	Gen	Indep	583	388	71	Yes	1,720	12,144
Misericordia Hospital and Infants' Home■	Mater	Church	20	9	26	Yes	283	319
Mother Cabrini Memorial Hospital◊	Gen	Church	150	83	20	No	336	3,308
Mt. Sinai Hospital◊	Gen	Indep	160	118	40	Yes	969	4,770
Municipal Contagious Disease Hospital	Iso	City	428	281	..	No	...	4,779
Nancy Adele McElwee Memorial and Gertrude Dunn Hicks Memorial Hospital (Orthopedic Department of University of Chicago Clinics)						(Included in Michael Reese Hospital)		
Nelson Morris Hospital	Gen	Indiv	14	9	2	Yes	3	.....
North Chicago Hospital	Gen	Indep	300	40	35	Yes	73	547
Norwegian-American Hospital◊■	Gen	Indep	185	98	50	No	1,078	4,403
Parkway Sanitarium	N&M	Indep	28	..	..	No	...	132
Passavant Mem. Hosp.◊	Gen	Indep	164	84	35	No	345	2,970
Peoples Hospital■	Gen	Indiv	60	19	5	Yes	24	892
Pinel Sanitarium	N&M	Indep	50	18	..	No	...	227
Post Graduate Hospital & Medical School■	Gen	Indep	85	24	2	Yes	...	1,300
Presbyterian Hospital◊	Gen	Church	413	350	37	No	746	11,183
Provident Hospital (col.)	Gen	Indep	59	40	6	Yes	114	764
Ravenswood Hospital◊	Gen	Indep	153	113	40	No	1,077	4,344
Research and Educational Hospital▲	Gen	State	362	155	25	Yes	405	3,820
Roseland Community Hospital◊	Gen	Indep	101	76	27	Yes	491	2,778
St. Anne's Hospital◊	Gen	Church	250	193	60	Yes	1,428	5,267
St. Bernard's Hospital◊	Gen	Church	200	112	30	No	731	5,890
St. Elizabeth's Hosp.◊■	Gen	Church	248	117	39	Yes	635	3,410
St. Joseph Hospital◊	Gen	Church	185	105	35	Yes	668	3,789
St. Luke's Hospital◊■	Gen	Indep	604	453	55	Yes	1,249	13,174
St. Mary of Nazareth Hospital◊■	Gen	Church	212	146	38	No	800	4,920
Sarah Morris Hospital for Children (Included in Michael Reese Hosp.)								
Shriners' Hospital for Crippled Children	Ortho	Frat	60	62	..	Yes	...	202
South Chicago Community Hospital◊■	Gen	Indep	67	42	15	No	278	2,427
South Shore Hospital◊	Gen	Indep	100	69	25	No	617	2,863
Streeter Hospital	Gen	Indiv	50	20	6	No	...	.....
Swedish Covenant Hosp.◊	Gen	Church	180	90	45	Yes	961	3,218
U. S. Marine Hospital■	Gen	USPHS	165	101	..	Yes	...	1,016
University Hospital◊	Gen	Indep	100	60	21	No	210	2,182
University of Chicago Clinics◊	Gen	Indep	367	201	2	Yes	...	4,615
Washington Blvd. Hosp.◊■	Gen	Indep	100	68	10	Yes	139	2,347
Washingtonian Home	(Included in Martha Washington Hospital)							
Washington Park Community Hospital◊	Gen	Indep	140	67	20	No	...	.....
Welles Park Hospital	Gen	Indep	50	30	45	Yes	108	.....
Wesley Memorial Hosp.◊■	Gen	Church	247	148	21	No	600	4,837
West Side Hospital◊	Gen	Indep	142	74	19	Yes	690	3,131
Women and Children's Hospitals■	Gen	Indep	100	61	25	Yes	485	1,854
Woodlawn Hospital	Gen	Indep	140	67	30	No	514	3,073
Chicago Heights, 22,321—Cook Co.								
St. James' Hospital■	Gen	Church	100	60	15	No	220	2,109
Clinton, 5,326—De Witt Co.								
Dr. John Warner Hosp.■	Gen	City	25	12	4	No	42	300
Compton, 277—Lee Co.								
Compton Hospital	Gen	Indiv	10	4	2	No	11	169
Danville, 36,765—Vermilion Co.								
Lake View Hospital◊	Gen	Indep	158	77	12	Yes	182	2,571
St. Elizabeth's Hospital◊■	Gen	Church	156	115	23	Yes	277	5,209
Decatur, 57,510—Macon Co.								
Decatur and Macon County Hospital◊■	Gen	Cy&Co	141	72	24	Yes	423	2,674

Key to symbols and abbreviations is on page 2078

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Macon County Tuberculosis Sanatorium✤■	TB	County	80	53	..	Yes	...	67
St. Mary's Hospital	Gen	Church	135	104	18	No	349	3,017
Wabash Employees' Hosp.	Indus	Indus	85	25	..	Yes	...	911
De Kalb, 8,545—De Kalb Co.								
De Kalb County Tuberculosis Sanatorium	TB	County	22	29	..	No	...	30
De Kalb Public Hospital■	Gen	City	40	18	12	No	141	896
St. Mary's Hospital	Gen	Church	45	24	7	No	...	.....
Des Plaines, 8,798—Cook Co.								
Northwestern Hospital	Gen	Indiv	16	New	5	No	...	.....
Dixon, 9,008—Lee Co.								
Dixon Public Hospital◊■	Gen	City	60	30	11	No	107	907
Duquoin, 7,508—Perry Co.								
Marshall Browning Hosp.■	Gen	Indep	50	17	5	Yes	48	591
Dwight, 2,534—Livingston Co.								
Veterans Admin. Hospital■	Gen	VetAd	225	182	..	No	...	1,509
East Moline, 10,107—Rock Island Co.								
East Moline State Hosp.✤◊	N&M	State	1,940	1,812	..	No	...	386
East St. Louis, 74,347—St. Clair Co.								
Christian Welfare Hosp.◊	Gen	Church	44	33	6	No	86	834
St. Mary's Hospital✤◊■	Gen	Church	260	129	35	No	377	3,580
Edwardsville, 6,235—Madison Co.								
Madison County Sanit■	TB	County	85	53	..	Yes	...	104
Effingham, 4,978—Effingham Co.								
St. Anthony's Hospital■	Gen	Church	70	25	8	Yes	40	750
Eldorado, 4,482—Saline Co.								
Eldorado Hospital	Gen	Indiv	14	7	2	No	10	235
Elgin, 35,929—Kane Co.								
Elgin State Hospital◊	N&M	State	3,777	3,545	..	Yes	...	1,233
Resthaven Sanitarium	N&M	Indiv	70	53	..	No	...	80
St. Joseph's Hospital◊	Gen	Church	125	53	20	No	347	1,837
Sherman Hospital	Gen	Indep	110	42	20	Yes	307	2,212
Elmhurst, 14,055—Du Page Co.								
Elmhurst Hospital◊■	Gen	Indep	77	41	18	No	313	1,707
Evanston, 63,338—Cook Co.								
Evanston Community Hospital (col.)	Gen	Indep	22	12	6	Yes	60	385
Evanston Hospital✤◊	Gen	Indep	235	181	36	Yes	853	6,117
St. Francis Hospital✤◊	Gen	Church	320	125	40	No	998	6,615
Evergreen Park, 1,794—Cook Co.								
Little Company of Mary Hospital	Gen	Church	102	49	48	No	331	937
Flora, 4,393—Clay Co.								
Flora Hospital	Gen	Indiv	15	New	4	No	...	.....
Ft. Sheridan, 622—Lake Co.								
Station Hospital■	Gen	Army	116	71	3	Yes	39	1,849
Freeport, 22,045—Stephenson Co.								
Evangelical Deaconess Hospital◊■	Gen	Church	86	49	16	Yes	172	1,639
St. Francis Hospital◊■	Gen	Church	122	55	16	No	276	1,942
Galesburg, 28,839—Knox Co.								
Galesburg Cottage Hosp.◊■	Gen	Indep	82	36	18	Yes	167	1,027
St. Mary's Hospital■	Gen	Church	120	53	18	No	265	2,149
Geneseo, 3,406—Henry Co.								
J. C. Hammond City Hosp.	Gen	City	14	2	5	No	31	444
Geneva, 4,607—Kane Co.								
Community Hospital◊■	Gen	Indep	67	27	18	No	214	1,019
Gilman, 1,620—Iroquois Co.								
Gilman Community Hosp.	Gen	Indep	12	5	3	No	41	237
Granite City, 25,130—Madison Co.								
St. Elizabeth's Hospital◊■	Gen	Church	103	60	22	No	143	1,656
Great Lakes,—Lake Co.								
U. S. Naval Hospital■▲	Gen	Navy	1,031	675	..	No	...	5,005
Harrisburg, 11,625—Saline Co.								
Harrisburg Hospital◊	Gen	Indep	30	9	1	Yes	...	340
Lightner Hospital	Gen	Indiv	35	23	9	No	48	900
Harvard, 2,988—McHenry Co.								
Harvard Community Hospital■	Gen	Part	21	10	5	No	45	210
Harvey, 16,374—Cook Co.								
Ingalls Memorial Hospital◊	Gen	Indep	95	30	25	Yes	347	1,518
Herrin, 9,708—Williamson Co.								
Herrin Hospital■	Gen	Part	35	17	5	No	53	608
Highland, 3,319—Madison Co.								
St. Joseph's Hospital■	Gen	Church	65	52	6	No	60	993
Highland Park, 12,203—Lake Co.								
Highland Park Hospital	Gen	Indep	53	28	17	No	204	908
Hillsboro, 4,435—Montgomery Co.								
Hillsboro Hospital■	Gen	Indep	28	15	5	No	50	407
Hines,—Cook Co.								
Veterans Admin. Hosp.■▲	Gen	VetAd	1,655	1,134	..	Yes	...	5,937
Hinsdale, 6,923—Du Page Co.								
Hinsdale Sanit. & Hosp.◊	Gen	Indep	134	65	13	No	222	1,871
Jacksonville, 17,747—Morgan Co.								
Jacksonville State Hosp.◊	N&M	State	3,000	3,154	..	No	...	553
Norbury Sanatorium	N&M	Indep	120	73	..	No	...	163
Oaklawn Sanatorium	TB	County	55	37	..	No	...	66
Our Savior's Hospital■	Gen	Church	76	52	15	No	124	1,397
Passavant Memorial Hospital◊■	Gen	Church	72	39	14	Yes	93	1,141
Jerseyville, 4,309—Jersey Co.								
Jerseyville Hospital	Gen	Indiv	15	4	5	Yes	17	137
Joliet, 42,993—Will Co.								
St. Joseph's Hospital✤◊■	Gen	Church	192	151	40	Yes	682	4,355
Silver Cross Hospital✤◊■	Gen	Indep	133	72	17	Yes	302	2,535
Will County Tuber. Sanit.■	TB	County	100	59	..	No	...	78
Kankakee, 20,620—Kankakee Co.								
Kankakee State Hospital◊	N&M	State	4,000	3,939	..	No	...	868
St. Mary's Hospital✤■	Gen	Church	145	50	12	No	139	1,946
Kenilworth, 2,501—Cook Co.								
Kenilworth Sanitarium	N&M	Indiv	30	25	..	No	...	15
Kewanee, 17,095—Henry Co.								
Kewanee Public Hospital◊	Gen	Indep	48	27	12	Yes	112	796
St. Francis Hospital◊■	Gen	Church	56	30	9	Yes	88	729

ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
La Harpe, 1,175—Hancock Co.								
Davier Memorial Hospital	Gen	Indep	14	4	4	No	18	132
Lake Forest, 6,554—Lake Co.								
Alice Home Hospital■	Gen	Indep	42	22	8	No	151	763
Lake Forest Hospital (Contagious Dept. of Alice Home Hospital)	Gen	Indep	42	22	8	No	151	763
La Salle, 13,149—La Salle Co.								
St. Mary's Hospital◊	Gen	Church	88	29	12	Yes	237	1,861
Libertyville, 3,791—Lake Co.								
Condell Memorial Hospital	Gen	Indep	25	9	6	No	53	354
Lincoln, 12,855—Logan Co.								
Evangelical Deaconess Hospital◊■	Gen	Church	52	36	8	No	90	1,029
St. Clara's Hospital■	Gen	Church	65	31	6	No	62	1,124
Litchfield, 6,612—Montgomery Co.								
St. Francis' Hospital■	Gen	Church	120	63	8	No	100	2,703
Mackinaw, 760—Tazewell Co.								
Oak Knoll Sanatorium	TB	County	45	43	..	No	...	63
Macomb, 8,509—McDonough Co.								
Marietta Phelps Hosp.◊■	Gen	Indep	40	25	5	No	77	709
St. Francis' Hospital◊	Gen	Church	75	45	6	No	113	1,140
Manteno, 1,149—Kankakee Co.								
Manteno State Hospital	N&M	State	863	523	..	No	...	.....
Mattoon, 14,631—Coles Co.								
Memorial Methodist Hospital◊■	Gen	Church	43	26	10	No	82	1,095
Melrose Park, 10,741—Cook Co.								
Westlake Hospital◊■	Gen	Indep	85	28	16	No	265	1,158
Mendota, 4,008—La Salle Co.								
Harris Hospital	Gen	Indiv	20	6	3	No	17	316
Milledgeville, 807—Carroll Co.								
General Hospital■	Gen	Indiv	10	3	4	No	19	1,080
Minonk, 1,910—Woodford Co.								
Woodford County Tuber. Sanatorium	TB	County	12	10	..	No	...	14
Moline, 32,236—Rock Island Co.								
Lutheran Hospital◊	Gen	Church	124	50	36	No	420	1,584
Moline Public Hospital◊■	Gen	City	111	60	22	No	995	2,240
Monmouth, 8,666—Warren Co.								
Monmouth Hospital◊	Gen	City	35	30	11	No	129	782
Morris, 5,568—Grundy Co.								
Morris Hospital	Gen	City	35	15	10	No	100	485
Mt. Vernon, 12,375—Jefferson Co.								
Mt. Vernon Hospital	Gen	Indiv	30	20	4	No	...	.....
Mowequa, 1,478—Shelby Co.								
Mowequa Hospital	Gen	Indiv	25	13	8	No	16	93
Murphysboro, 8,182—Jackson Co.								
St. Andrew's Hospital■	Gen	Church	50	25	4	No	25	921
Naperville, 5,118—Du Page Co.								
Edward Sanatorium■	TB	Indep	85	71	..	No	...	133
Normal, 6,768—McLean Co.								
Brokaw Hospital◊■	Gen	Church	70	55	15	No	189	2,569
Fairview Sanatorium■	TB	County	50	44	..	Yes	...	56
North Chicago, 8,466—Lake Co.								
Veterans Admin. Hospital	N&M	VetAd	1,135	826	..	No	...	217
Oak Forest, 50—Cook Co.								
Cook County Infirmary✤■	Gen	County	1,054	1,016	..	No	...	2,771
Cook County Tuber. Hospital■	TB	County	632	579	2	No	...	980
Oak Park, 63,982—Cook Co.								
Oak Park Hospital✤◊	Gen	Church	135	96	40	Yes	795	8,365
West Suburban Hosp.✤◊	Gen	Indep	327	188	100	Yes	1,781	7,964
Olney, 6,140—Richland Co.								
Olney Hospital◊■	Gen	Indep	68	50	7	Yes	76	1,786
Oregon, 2,376—Ogle Co.								
Oregon Hospital	Gen	Indiv	10	5	6	No	30	126
Ottawa, 15,094—La Salle Co.								
Highland	TB	County	60	44	..	No	...	74
Illinois Valley Hospital	Gen	Indiv	22	9	6	No	25	327
Ottawa Tuberculosis Sanat.	TB	Indiv	51	36	..	No	...	79
Ryburn Memorial Hospital	Gen	City	63	33	12	No	235	1,462
Para, 5,835—Christian Co.								
Huber Memorial Hosp.◊■	Gen	Church	40	24	10	No	70	759
Little Sanitarium	Gen	Indiv	28	15	4	No	34	400
Paris, 8,781—Edgar Co.								
Paris Hospital◊■	Gen	Indiv	35	27	10	No	28	825
Pekin, 16,129—Tazewell Co.								
Pekin Public Hospital◊	Gen	Indep	25	22	7	No	...	.....
Peoria, 104,969—Peoria Co.								
John C. Proctor Hospital◊	Gen	Indep	100	61	18	No	204	2,276
Methodist Hospital◊■	Gen	Church	187	116	23	No	466	3,370
Michell Farm	N&M	Indiv	25	16	..	No	...	41
Peoria Municipal Tuberculosis Sanitarium✤■	TB	City	92	88	..	Yes	...	178
Peoria Sanitarium	N&M	Indiv	25	14	..	No	...	51
Peoria State Hospital✤◊	N&M	State	2,800	2,656	..	No	...	482
St. Francis Hospital◊■▲	Gen	Church	300	174	30	No	665	6,330
Peru, 9,121—La Salle Co.								
People's Hospital◊	Gen	Indep	40	38	12	No	135	1,546
Pinckneyville, 3,046—Perry Co.								
Hiller Hospital	Gen	Indiv	20	8	3	Yes	...	.....
Pontiac, 8,272—Livingston Co.								
Livingston County Sanat.	TB	County	35	20	..	No	...	33
St. James' Hospital	Gen	Church	42	20	12	No	...	.....
Princeton, 4,762—Bureau Co.								
Julia Rackley Perry Memorial Hospital■	Gen	City	40	21	10	No	83	762
Quincy, 39,241—Adams Co.								
Adams County Tuberculosis Sanatorium■	TB	County	50	45	..	Yes	...	47
Blessing Hospital◊■	Gen	Indep	130	65	22	No	348	2,989
St. Mary's Hospital✤◊	Gen	Church	191	140	25	No	340	2,374
Rantoul, 1,555—Champaign Co.								
Station Hospital■	Gen	Army	50	21	..	Yes	...	382
Red Bud, 1,208—Randolph Co.								
St. Clement's Hospital■	Gen	Church	22	15	2	No	8	252

Key to symbols and abbreviations is on page 2078

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ILLINOIS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Robinson, 3,668—Crawford Co.								
Robinson Hospital■	Gen	Part	18	5	5	No	24	145
Rockford, 85,864—Winnebago Co.								
Rockford Hospital◊■	Gen	Indep	92	55	18	No	317	2,252
Rockford Municipal Sanit.+■	TB	City	118	112	..	Yes	...	.....
St. Anthony's Hospital◊■	Gen	Church	147	93	33	Yes	774	3,723
Swedish-American Hosp.◊	Gen	Indep	80	51	12	No	350	1,494
Wilgus Sanitarium	N&M	Indiv	35	31	..	No	...	151
Winnebago County Hosp.■	Gen	County	97	22	6	Yes	90	779
Rock Island, 37,953—Rock Island Co.								
Rock Island County Tuberculosis Sanatorium	TB	County	22	23	..	Yes	...	38
St. Anthony's Hospital+◊■	Gen	Church	150	75	18	Yes	212	2,817
Rosiclare, 1,704—Hardin Co.								
Rosiclare Hospital	Gen	Indus	15	3	2	No	12	122
Rushville, 2,588—Schuyler Co.								
Culbertson Hospital■	Gen	Indiv	20	8	3	No	26	224
St. Charles, 5,377—Kane Co.								
St. Charles City Hospital■	Gen	City	16	7	6	Yes	45	272
Sandwich, 2,611—De Kalb Co.								
Ronald N. Woodward Memorial Hospital	Gen	Indep	26	18	10	No	75	500
Savanna, 5,080—Carroll Co.								
Savanna City Hospital	Gen	City	15	5	5	No	43	177
Shelbyville, 3,491—Shelby Co.								
Shelby County Memorial Hospital■	Gen	County	20	9	5	No	26	237
Springfield, 71,864—Sangamon Co.								
Palmer Tuberculosis Sanat.	TB	Indep	75	55	..	No	...	82
St. John's Hospital◊	Gen	Church	540	422	60	Yes	774	10,494
St. John's Sanitarium■	TBOrth	Church	300	250	..	No	...	541
Springfield Hospital◊	Gen	Church	85	60	14	No	201	1,940
Springvalley, 5,276—Bureau Co.								
St. Margaret's Hospital◊■	Gen	Church	68	43	7	Yes	139	1,388
Sterling, 10,612—Whiteside Co.								
Public Hospital◊■	Gen	City	51	31	12	Yes	251	1,175
Streator, 14,778—La Salle Co.								
St. Mary's Hospital■	Gen	Church	112	65	13	No	220	2,333
Sublette, 261—Lee Co.								
Angear Maternity Hospital	Mater	Indiv	15	5	10	No	126	1,828
Sycamore, 4,021—De Kalb Co.								
Sycamore Municipal Hosp.■	Gen	City	20	9	10	No	...	335
Taylorville, 7,316—Christian Co.								
St. Vincent's Hospital◊■	Gen	Church	55	29	11	No	131	1,019
Urbana, 13,060—Champaign Co.								
Carle Memorial Hospital	Gen	Indep	40	New	14	No	...	.....
Champaign County Hosp.■	Gen	County	55	51	12	No	62	662
Mercy Hospital◊	Gen	Church	38	35	12	No	151	1,545
The Outlook■	TB	County	48	35	..	No	...	44
Vandalia, 4,342—Fayette Co.								
Mark Greer Hospital	Gen	Indiv	20	15	4	No	35	434
Waterman, 526—De Kalb Co.								
East Side Hospital■	Gen	Indiv	30	14	7	No	67	436
Watseka, 3,144—Iroquois Co.								
Iroquois Hospital◊	Gen	County	30	17	8	No	98	728
Waukegan, 33,459—Lake Co.								
Lake County Gen. Hosp.■	Gen	County	76	63	12	Yes	69	812
St. Therese's Hospital◊	Gen	Church	180	50	16	No	270	1,815
Victory Memorial Hosp.◊■	Gen	Indep	76	42	14	No	265	1,669
White Hall, 2,928—Greene Co.								
White Hall Hospital	Gen	Indep	12	7	5	No	59	412
Winfield, 445—Du Page Co.								
Winfield Sanatorium	TB	Indep	120	96	..	Yes	...	159
Zare Sanatorium	TB	Indep	50	35	..	No	...	82
Woodstock, 5,471—McHenry Co.								
Woodstock Hospital■	Gen	Indep	20	9	7	No	74	381
Zeigler, 3,816—Franklin Co.								
Zeigler Hospital	Gen	Indus	16	3	2	No	12	.....
Related Institutions								
Batavia, 5,045—Kane Co.								
Kane County Home Hosp.	Inst	County	50	28	..	No	...	.....
Belleville, 28,425—St. Clair Co.								
St. Clair County Jail and Isolation Hospital■▲	Inst-Iso	County	100	70	..	No	14	1,210
Chicago, 3,376,438—Cook Co.								
Angel Guardian Orphanage	Inst	Church	39	5	..	No	...	339
Beaumont Private Nursing Home	Gen	Indiv	26	13	..	No	...	402
Beulah Home and Maternity Hospital■	Mater	Indep	40	15	24	No	48	105
Chicago Home for Conv. Women and Children	Conv	Indep	56	48	..	No	...	374
Chicago Home for Incur.	Incur	Indep	265	259	..	No	...	63
Chicago Home for Friendless■	Inst	Church	35	15	..	No	...	670
Chicago Nursery and Half Orphan Asylum	Inst	Indep	17	14	..	No	...	374
Church Home for Aged Persons	Inst	Church	9	6	..	No	...	74
Home for Aged Jews	Inst	Indep	10	...	..	No	...	.....
House of Correction and Police Emergency Hosp.■	Inst	City	75	35	2	No	...	1,871
Isolation Hospital■	Iso	City	35	7	..	No	...	156
Lawrence Hall	Inst	Church	21	3	..	No	...	46
Marks Nathan Jewish Orphan Home	Inst	Indep	22	8	..	No	...	.....
Methodist Episcopal Old People's Home	Inst	Church	25	19	..	No	...	.....
Mylan Sanitarium	N&M	Indiv	20	10	..	No	...	74
St. Vincent's Infant and Maternity Hospital■	Mater	Church	70	20	70	No	68	597
Salvation Army Women's Home and Hospital■	Mater	Church	50	5	12	No	162	175
Shore View Manor	Conv	Indiv	16	12	..	No	...	.....

ILLINOIS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chicago Heights, 22,321—Cook Co.								
Chicago Heights Eye, Ear, Nose and Throat Hosp.	EENT	Indiv	5	1	..	No	...	100
Cicero, 66,602—Cook Co.								
Western Electric Co. Hosp.	Indus	Indus	13	...	..	Yes	...	.....
Danville, 36,765—Vermilion Co.								
Veterans Admin. Home■▲	Inst	VetAd	560	508	..	No	...	2,580
Dixon, 9,908—Lee Co.								
Dixon State Hospital◊	MenDef	State	2,300	2,877	..	No	...	471
Eldorado, 4,482—Saline Co.								
Ferrell Hospital	Gen	Indiv	12	5	1	No	...	153
Evanston, 63,338—Cook Co.								
Cradle Society	Chil	Indep	36	18	..	No	...	320
Grove House for Conv.	Conv	Indep	35	19	..	No	...	213
Fairbury, 2,310—Livingston Co.								
Fairbury Hospital■	Gen	City	8	3	5	No	25	192
Forest Park, 14,555—Cook Co.								
German Old People's Home	Inst	Indep	35	35	..	No	...	.....
Geneva, 4,607—Kane Co.								
State Training School for Girls	Inst	State	36	34	..	Yes	...	300
Godfrey, 201—Madison Co.								
Beverly Farm	MenDef	Indep	80	60	..	Yes	...	8
Henry, 1,658—Marshall Co.								
Drs. Coggeshall & Dysart Hospital	Gen	Part	8	4	3	No	50	.....
Hinsdale, 6,923—Du Page Co.								
West Suburban Home for Girls	Mater	Indep	22	...	25	...	...	.....
Jacksonville, 17,747—Morgan Co.								
Illinois School for Blind	Inst	State	18	10	..	No	...	195
Illinois School for Deaf	Inst	State	40	24	..	No	...	1,066
Joliet, 42,993—Will Co.								
Illinois State Penit. Hosp.	Inst	State	50	20	..	Yes	...	.....
Knoxville, 1,867—Knox Co.								
Knox County Home & Hosp.	Gen	County	18	7	..	No	...	.....
La Grange, 10,103—Cook Co.								
Illinois Masonic Orphans' Home	Inst	Frat	28	4	..	No	...	210
Lincoln, 12,855—Logan Co.								
Lincoln State School and Colony+◊	MenDef	State	2,927	2,752	..	No	...	434
Mattoon, 14,631—Coles Co.								
Independent Order Odd Fellows Old Folks Home Hospital	Inst	Frat	56	25	..	No	...	.....
McLeansboro, 2,105—Hamilton Co.								
McLeansboro Hospital	Gen	Indiv	10	2	2	No	...	25
Menard, 22—Randolph Co.								
Chester State Hospital	N&M	State	465	380	..	No	...	.....
Southern Illinois Penitentiary Hospital■	Inst	State	39	22	..	Yes	...	370
Metropolis, 5,573—Massac Co.								
Fisher Hospital■	Gen	Indiv	10	2	1	No	2	52
Moosehaert, 1,519—Kane Co.								
Mooseheart Hospital	Chil	Frat	60	40	..	Yes	...	3,255
Mt. Prospect, 1,225—Cook Co.								
Mt. Prospect Gen. Hosp.	Gen	Indep	20	5	4	...	20	200
Normal, 6,768—McLean Co.								
Soldiers' and Sailors' Children's School	Inst	State	75	15	..	No	...	.....
Paxton, 2,892—Ford Co.								
Paxton Community Hosp.■	Gen	City	24	4	3	Yes	17	286
Peoria, 104,969—Peoria Co.								
Peoria Isolation Hospital	Iso	City	50	2	..	No	...	32
Pontiac, 8,272—Livingston Co.								
Illinois State Reformatory■	Inst	State	32	13	..	No	...	1,085
Quincy, 39,241—Adams Co.								
Illinois Soldiers' and Sailors' Home and Hospital■	Inst	State	200	120	..	Yes	...	600
St. Charles, 5,377—Kane Co.								
St. Charles School for Boys■	Inst	State	30	18	..	No	...	1,560
Savanna, 5,080—Carroll Co.								
Savanna Hospital	Gen	Army	10	3	..	No	...	120
Sullivan, 2,339—Moultrie Co.								
Illinois Masonic Home	Inst	Frat	91	80	..	No	...	175
Toledo, 733—Cumberland Co.								
Toledo Sanitarium	Gen	Indiv	5	2	1	No	2	69
Urbana, 13,060—Champaign Co.								
McKinley University Hosp.	Inst	State	85	40	..	No	...	1,349
Wedron, 202—La Salle Co.								
St. Joseph's Health Resort	Conv	Church	55	36	..	Yes	...	763
West Chicago, 3,477—Du Page Co.								
Country Home for Convalescent Children	Conv	Indep	120	80	..	No	...	67
Wheaton, 7,258—Du Page Co.								
Howe Home	N&M	Part	10	7	..	No	...	.....
Mary E. Pogue Sanitarium	N&M	Indiv	50	41	..	No	...	6
Wheaton Health Resort	Gen	Part	30	11	12	No	35	108
Wheeling, 467—Cook Co.								
Wheeling Hospital	Gen	Indiv	9	1	5	No	24	45
Winnetka, 12,166—Cook Co.								
North Shore Health Resort	Conv	Indep	75	60	..	No	...	386
Woodstock, 5,471—McHenry Co.								
Dr. Weirick's Sanitarium	Conv	Indiv	12	8	..	No	...	47

Summary for Illinois:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	282	60,261	46,369	536,140
Related institutions	62	9,369	8,019	22,987
Totals	344	69,630	54,418	559,127
Refused registration	30	1,026		

Key to symbols and abbreviations is on page 2078

INDIANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Anderson, 39,804—Madison Co.								
St. John's Hickey Memorial Hospital◊■	Gen	Church	85	53	15	No	158	1,464
Angola, 2,665—Steuben Co.								
Cameron Hospital■	Gen	Indiv	20	8	4	No	24	484
Argos, 1,211—Marshall Co.								
Kelly Hospital	Gen	Indiv	10	6	4	No	25	438
Auburn, 5,088—De Kalb Co.								
Dr. Bonnell M. Souder Hospital	Gen	Part	20	5	7	No	26	141
Bedford, 13,206—Lawrence Co.								
Dunn Memorial Hospital	Gen	County	25	12	3	No	...	.....
Beech Grove, 3,552—Marion Co.								
St. Francis' Hospital■	Gen	Church	130	49	22	No	219	1,754
Bloomington, 18,227—Monroe Co.								
Bloomington Hospital◊	Gen	Indep	35	32	8	No	...	.....
Bluffton, 5,074—Wells Co.								
Wells County Hospital	Gen	County	25	11	6	No	59	421
Brazil, 8,744—Clay Co.								
Clay County Hospital■	Gen	County	46	9	10	Yes	29	281
Clinton, 7,936—Vermillion Co.								
Vermillion County Hosp.■	Gen	County	35	17	6	Yes	51	671
Columbus, 9,935—Bartholomew Co.								
Bartholomew County Hospital■	Gen	County	45	24	5	No	46	822
Crawfordsville, 10,335—Montgomery Co.								
Culver Hospital■	Gen	County	51	18	12	No	103	1,003
Crown Point, 4,046—Lake Co.								
Lake County Tuberculosis Sanatorium■	TB	County	193	147	..	Yes	...	181
Decatur, 5,156—Adams Co.								
Adams County Memorial Hospital■	Gen	County	39	18	6	No	62	6,563
East Chicago, 54,784—Lake Co.								
St. Catherine's Hosp.●◊■	Gen	Church	240	110	60	No	372	3,568
Elkhart, 32,949—Elkhart Co.								
Elkhart General Hosp.◊■	Gen	City	75	40	10	No	293	1,860
Elwood, 10,635—Madison Co.								
Mercy Hospital	Gen	Church	20	17	5	No	127	619
Evansville, 102,249—Vanderburg Co.								
Boehne Tuberculosis Hosp.✦	TB	County	115	106	..	Yes	...	175
Evansville State Hospital.	N&M	State	1,290	1,075	..	No	...	287
Highland Sanitarium	Gen	Indiv	22	3	..	Yes	...	24
Protestant Deaconess Hospital●◊■	Gen	Church	160	107	21	No	258	3,425
St. Mary's Hospital◊■	Gen	Church	125	62	14	No	60	2,173
U. S. Marine Hospital■	Gen	USPHS	54	34	..	Yes	...	394
Walker Hospital◊	Gen	Indep	100	59	6	No	74	2,343
Ft. Benjamin Harrison,—Marion Co.								
Station Hospital■	Gen	Army	50	29	..	Yes	...	845
Ft. Wayne, 114,946—Allen Co.								
Ft. Wayne Lutheran Hospital◊■	Gen	Church	166	111	23	No	491	2,972
Irene Byron Tuber. Sanat.■	TB	County	190	185	..	No	...	190
Methodist Episcopal Hospital●◊■	Gen	Church	106	55	16	No	206	2,713
St. Joseph's Hospital●◊■	Gen	Church	293	114	57	Yes	671	4,824
Frankfort, 12,196—Clinton Co.								
Clinton County Hospital■	Gen	County	43	16	7	No	71	506
Garrett, 4,428—De Kalb Co.								
Sacred Heart Hospital	Gen	Church	45	35	6	No	18	603
Gary, 100,426—Lake Co.								
Gary Hospital■	Indus	Indus	105	34	..	Yes	...	214
Methodist Episcopal Hosp.◊	Gen	Church	88	54	18	No	341	2,656
St. Antonio Hospital■	Gen	Indep	50	15	6	No	33	566
St. John Hospital (col.)	Gen	Indiv	14	8	6	No	17	286
St. Mary's Mercy Hosp.●◊■	Gen	Church	221	155	35	No	691	5,220
Greencastle, 4,613—Putnam Co.								
Putnam County Hospital■	Gen	County	40	14	5	No	37	525
Greensburg, 5,792—Decatur Co.								
Decatur Co. Mem. Hosp.	Gen	County	35	8	5	No	25	375
Hammond, 64,560—Lake Co.								
Mount Mercy Sanitarium	N&M	Church	26	22	..	No	...	110
St. Margaret's Hosp.◊■	Gen	Church	250	135	36	No	695	5,378
Hartford City, 6,615—Blackford Co.								
Blackford County Hosp.■	Gen	County	30	10	5	No	36	326
Huntington, 13,420—Huntington Co.								
Huntington County Hosp.	Gen	County	25	15	6	No	54	560
Indianapolis, 364,161—Marion Co.								
Central State Hospital✦	N&M	State	1,710	1,695	..	No	...	258
Dr. W. B. Fletcher's Sanat.	N&M	Indep	50	15	..	Yes	...	53
Indiana Christian Hospital	Gen	Church	100	36	10	Yes	81	988
Indianapolis City Hospital●●◊▲	Gen	City	525	396	35	Yes	641	8,568
James Whitcomb Riley Hosptal for Chil. (Affil.)●●◊■	Chil	State	210	183	..	Yes	...	3,085
Methodist Episcopal Hospital●◊	Gen	Church	564	379	61	No	1,064	14,143
"Norways" Sanatorium	N&M	Indep	25	12	..	Yes	...	.....
Robert W. Long Hospital (Affil.)●●◊	Gen	State	107	104	..	Yes	...	2,060
St. Vincent's Hospital●◊	Gen	Church	209	161	35	No	482	5,127
Veterans Admin. Hospital■	Gen	VetAd	152	New	..	Yes	...	.....
William H. Coleman Hosp. for Women (Affil.)●●◊	Mater	State	68	67	35	Yes	1,193	1,895
Jeffersonville, 11,946—Clark Co.								
Clark County Mem. Hosp.■	Gen	County	35	15	6	No	43	434
Kendallville, 5,459—Noble Co.								
Lakeside Hospital	Gen	City	19	11	12	No	35	524
Kokomo, 32,845—Howard Co.								
Good Samaritan Hosp.◊■	Gen	Church	50	14	5	No	36	506
Howard County Hospital■	Gen	Indep	53	16	7	No	56	589

INDIANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
La Fayette, 26,240—Tippecanoe Co.								
La Fayette Home Hosp.◊■	Gen	Indep	130	61	25	No	273	1,965
St. Elizabeth Hospital●◊	Gen	Church	230	112	26	No	345	4,050
Wabash Valley Sanitarium and Hospital◊	Gen	Church	45	18	5	No	11	240
William Ross Sanatorium	TB	County	45	35	..	No	...	94
La Porte, 15,755—La Porte Co.								
Fairview Hospital■	Gen	Indep	32	19	8	No	74	666
Holy Family Hospital	Gen	Church	90	51	15	No	167	1,492
Lebanon, 6,445—Boone Co.								
Williams Hospital	Gen	Indep	24	10	4	Yes	...	.....
Witham Memorial Hospital	Gen	County	25	12	15	No	38	441
Linton, 5,085—Greene Co.								
Freeman Greene County Hospital	Gen	County	22	9	4	No	20	304
Logansport, 18,508—Cass Co.								
Cass County Hospital■	Gen	County	40	26	8	No	93	988
Logansport State Hosp.✦	N&M	State	1,517	1,419	..	No	...	231
St. Joseph's Hospital	Gen	Church	65	20	9	No	53	699
Madison, 6,530—Jefferson Co.								
King's Daughters Hospital■	Gen	Church	27	11	10	No	38	4,230
Marion, 24,406—Grant Co.								
Grant County Hospital◊■	Gen	Indep	55	36	7	No	72	900
Martinsville, 4,962—Morgan Co.								
Morgan County Mem. Hosp.	Gen	County	29	8	6	No	25	286
Michigan City, 26,735—La Porte Co.								
Clinic Hospital■	Gen	Indep	45	22	8	No	75	499
St. Anthony's Hospital■	Gen	Church	100	46	15	No	237	1,811
Mishawaka, 28,630—St. Joseph Co.								
St. Joseph Hospital◊	Gen	Church	95	49	20	Yes	342	1,646
Muncie, 46,548—Delaware Co.								
Ball Memorial Hospital◊■	Gen	Indep	142	79	18	No	215	2,450
National Military Home, 2,300—Grant Co.								
Veterans Admin. Hospital	N&M	VetAd	1,400	1,306	..	No	...	203
New Albany, 25,819—Floyd Co.								
St. Edward's Hospital■	Gen	Church	28	4	14	No	209	1,501
Newcastle, 14,027—Henry Co.								
Henry County Hospital■	Gen	County	50	12	4	No	40	798
Newcastle Clinic Hospital■	Gen	Indep	15	8	2	No	25	412
Noblesville, 4,811—Hamilton Co.								
Hamilton County Hosp.■	Gen	County	30	12	6	No	40	600
North Madison, 573—Jefferson Co.								
Madison State Hospital	N&M	State	1,475	1,493	..	No	...	218
Oaklandon, 375—Marion Co.								
Sunnyside Sanatorium✦■	TB	County	250	250	..	Yes	...	279
Peru, 12,730—Miami Co.								
Dukes-Miami County Memorial Hospital■	Gen	County	48	17	12	No	82	556
Wabash Railroad Employes Hospital■	Indus	Indus	50	22	..	Yes	...	942
Plymouth, 5,290—Marshall Co.								
Marshall County Hospital	Gen	County	30	11	6	No	65	410
C. L. Morris Hospital	Gen	Part	15	8	6	No	15	210
Portland, 5,276—Jay Co.								
Jay County Women's Hospital■	Gen	Indep	13	7	3	No	10	278
Princeton, 7,505—Gibson Co.								
Methodist Episcopal Hosp.■	Gen	Church	30	16	5	No	75	635
Rensselaer, 2,708—Jasper Co.								
Jasper County Hospital■	Gen	County	28	19	8	No	96	700
Richmond, 32,493—Wayne Co.								
Reid Memorial Hospital◊■	Gen	Indep	124	51	22	Yes	259	2,198
Richmond State Hospital.	N&M	State	1,223	1,223	..	No	...	.....
Rochester, 5,318—Fulton Co.								
Woodlawn Hospital■	Surg	Indiv	14	11	..	No	...	429
Rockville, 1,832—Parke Co.								
Indiana State Sanatorium✦	TB	State	170	172	..	Yes	...	97
Rushville, 5,709—Rush Co.								
Rushville City Hospital■	Gen	City	11	5	2	No	27	125
Seymour, 7,508—Jackson Co.								
Schneck Memorial Hospital	Gen	Indep	17	15	3	No	50	548
Shelbyville, 10,618—Shelby Co.								
Major Memorial Hospital■	Gen	City	35	15	4	No	50	506
South Bend, 104,193—St. Joseph Co.								
Epworth Hospital■	Gen	Indep	150	100	37	No	460	2,003
Healthwin Hospital■	TB	County	195	190	..	Yes	...	275
Pennington Sanitarium	N&M	Indiv	17	9	..	No	...	.....
St. Joseph Hospital◊■	Gen	Church	153	78	22	Yes	289	2,031
Sullivan, 5,306—Sullivan Co.								
Mary Sherman Hospital■	Gen	County	50	17	10	No	67	670
Tell City, 4,873—Perry Co.								
Parkview Hospital■	Gen	Indiv	10	3	3	Yes	22	264
Terre Haute, 62,810—Vigo Co.								
Hoover's Sanat. (col.)	Gen	Indiv	10	6	5	Yes	40	190
St. Anthony's Hosp.◊■	Gen	Church	160	82	23	No	234	2,300
Union Hospital◊■	Gen	Indep	167	98	21	No	245	2,967
Union City, 3,084—Randolph Co.								
Union City Hospital■	Gen	Indiv	15	12	4	No	29	281
Valparaiso, 8,079—Porter Co.								
Christian Hospital	Gen	Indep	18	10	5	No	56	329
Vincennes, 17,564—Knox Co.								
Good Samaritan Hosp.◊■	Gen	County	94	45	6	No	70	1,090
Wabash, 8,840—Wabash Co.								
Wabash County Hospital■	Gen	County	35	11	6	No	51	368
Warsaw, 5,730—Kosciusko Co.								
McDonald Hospital	Gen	Indiv	18	8	3	No	60	700
Washington, 9,079—Daviess Co.								
Daviess County Hospital■	Gen	County	50	18	8	No	76	900
Winchester, 4,487—Randolph Co.								
Randolph County Hosp.■	Gen	County	26	12	4	No	56	443
Wolflake, 307—Noble Co.								
Luckey Hospital	Surg	Part	20	5	5	Yes	50	200

Key to symbols and abbreviations is on page 2078

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INDIANA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Anderson, 39,804—Madison Co.								
Delco-Remy Emerg. Hosp.	Indus	Indus	22	...	..	Yes	...	.....
Madison County "Ella B. Kehrer Hospital"	TB	County	50	35	..	Yes	...	82
Madison County Infirm.■	Inst	County	14	14	..	No	...	6
Butlerville, 450—Jennings Co.								
Muscatatuck Colony	MenDef	State	375	378	..	No	...	16
Crawfordsville, 10,355—Montgomery Co.								
Ben Hur Sanitarium	Gen	Indiv	12	4	4	Yes	5	30
Dillsboro, 502—Dearborn Co.								
Dillsboro Sanitarium	Conv	Indep	100	75	..	No	...	.....
Ft. Wayne, 114,946—Allen Co.								
Concordia College Hosp.	Inst	Church	18	4	..	Yes	...	.....
Ft. Wayne and Allen County Isolation Hospital	Iso	Cy&Co	10	...	..	No	...	.....
Ft. Wayne State School	MenDef	State	1,130	1,570	..	Yes	...	101
Grace Convalescent Hosp.	Conv	Indiv	19	8	..	No	...	39
Dr. Pulliam's Private Sanitarium	N&M	Indiv	12	5	..	...	...	.....
Franklin, 5,682—Johnson Co.								
Eastern Star Hospital	Inst	Frat	74	50	..	No	...	148
Greencastle, 4,613—Putnam Co.								
Indiana State Farm Hosp.	Inst	State	20	20	..	No	...	622
Greensburg, 5,702—Decatur Co.								
Longley Hospital	Inst	Frat	100	60	..	No	...	.....
Indianapolis, 364,161—Marion Co.								
Indiana Girls School	Inst	State	14	4	..	No	...	.....
Indianapolis Orphan Asylum	Inst	Indep	18	5	..	No	...	.....
Indiana State School for the Deaf■	Inst	State	22	3	..	No	...	800
Indiana Women's Prison■	Inst	State	10	10	..	No	...	.....
Julietta Insane Hospital	N&M	County	320	200	..	No	...	190
Knightstown, 2,209—Henry Co.								
Indiana Sailors and Soldiers' Children's Home■	Inst	State	35	5	8	No	...	506
La Fayette, 26,240—Tippecanoe Co.								
Indiana State Soldiers' Home Hospital▲	Gen	State	200	130	..	Yes	...	200
La Fayette Detention Hospital■	Iso	Cy&Co	8	8	..	No	...	.....
Michigan City, 26,735—La Porte Co.								
Indiana Hospital for Insane Criminals	N&M	State	230	242	..	No	...	14
Indiana State Prison Hospital■	Inst	State	102	32	..	No	...	1,190
Muncie, 46,548—Delaware Co.								
Isolation Hospital	Iso	City	12	...	..	No	...	.....
Newcastle, 14,027—Henry Co.								
Indiana Village for Epil.	Epil	State	834	834	..	No	...	.....
Pendleton, 1,538—Madison Co.								
Indiana Reformatory■	Inst	State	100	26	..	Yes	...	994
Plainfield, 1,617—Hendricks Co.								
Indiana Boys School Hosp.	Inst	State	30	13	..	No	...	155
South Bend, 104,193—St. Joseph Co.								
South Bend Isolation Hosp.	Iso	Cy&Co	8	...	..	No	...	.....
Wilkinson, 316—Hancock Co.								
Charles Titus Sanitarium	EENT	Indiv	7	...	..	No	...	450
Winona Lake, 454—Kosciusko Co.								
Franconia Convalescent and Rest Home	Conv	Indiv	20	2	..	No	...	.....
Wolcottville, 646—La Grange Co.								
Rarick Tonsil Clinic	Throat	Indiv	12	4	..	No	...	152

Summary for Indiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	114	17,591	13,530	146,305
Related institutions	32	4,408	3,823	5,305
Totals	146	21,999	17,353	151,610
Refused registration	17	842		

IOWA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Akron, 1,304—Plymouth Co.								
Akron Hospital	Gen	Indiv	15	10	5	No	30	312
Albia, 4,425—Monroe Co.								
Miner's Hospital■	Gen	Indiv	35	15	4	Yes	11	421
Algona, 3,985—Kossuth Co.								
Kossuth Hospital■	Gen	Indiv	28	13	5	No	43	802
Allerton, 784—Wayne Co.								
Parker Hospital	Gen	Indiv	10	5	2	No	6	142
Alta, 1,297—Buena Vista Co.								
Alta Community Hospital	Gen	Indep	13	8	5	No	40	212
Anamosa, 5,579—Jones Co.								
Mercy Hospital	Gen	Church	35	12	5	No	50	600
Atlantic, 5,585—Cass Co.								
Atlantic Hospital■	Gen	Indep	34	14	7	No	40	518
Battle Creek, 804—Ida Co.								
New Battle Creek Hospital and Sanitarium	Gen	Indiv	16	15	3	No	31	377
Boone, 11,886—Boone Co.								
Boone County Hospital	Gen	County	45	23	10	No	217	821
Burlington, 26,755—Des Moines Co.								
Burlington Protestant Hospital■	Gen	Indep	105	61	20	Yes	185	1,581
Mercy Hospital◊■	Gen	Church	125	52	20	Yes	120	1,615
St. Francis Hosp.tal■	Gen	Church	75	42	12	No	91	1,029

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Carroll, 4,691—Carroll Co.								
St. Anthony's Hospital◊■	Gen	Church	108	65	22	Yes	312	1,981
Cedar Falls, 7,362—Black Hawk Co.								
Sartori Memorial Hospital■	Gen	City	35	19	6	No	116	651
Cedar Rapids, 56,097—Linn Co.								
Mercy Hospital◊■	Gen	Church	125	93	20	Yes	260	2,597
St. Luke's Methodist Hospital◊■	Gen	Church	175	72	17	No	313	2,835
Centerville, 8,147—Appanoose Co.								
Centerville General Hosp.■	Gen	Indiv	17	4	4	No	36	400
St. Joseph's Mercy Hosp.◊■	Gen	Church	47	25	6	Yes	61	963
Chariton, 5,365—Lucas Co.								
Yocom Hospital	Gen	Indiv	20	10	4	No	29	394
Charles City, 8,039—Floyd Co.								
Cedar Valley Hospital	Gen	City	25	17	5	No	92	780
Cherokee, 6,443—Cherokee Co.								
Cherokee State Hospital	N&M	State	1,250	1,398	..	No	...	283
Sioux Valley Hospital■	Gen	Indep	35	22	10	Yes	89	749
Clarinda, 4,962—Page Co.								
Clarinda State Hospital	N&M	State	1,400	1,464	..	No	...	348
Clinton, 25,726—Clinton Co.								
Jane Lamb Memorial Hospital◊■	Gen	Indep	100	64	12	No	242	1,145
St. Joseph Mercy Hosp.◊■	Gen	Church	73	35	12	Yes	179	1,052
Colfax, 2,213—Jasper Co.								
Colfax Sanitarium■	Gen	Indiv	26	15	1	Yes	6	241
Council Bluffs, 42,048—Pottawattamie Co.								
Jennie Edmundson Memorial Hospital◊■	Gen	Indep	126	89	14	No	208	2,268
Mercy Hospital◊■	Gen	Church	135	92	12	No	263	2,409
St. Bernard's Hospital	N&M	Church	230	198	..	No	...	308
Cresco, 3,069—Howard Co.								
St. Joseph's Mercy Hosp.■	Gen	Church	30	11	6	No	40	551
Creston, 8,615—Union Co.								
Greater Community Hosp.©	Gen	Indep	50	25	5	...	36	816
Davenport, 60,751—Scott Co.								
Mercy Hospital◊■▲	Gen	Church	118	76	16	No	376	2,558
Pine Knoll Sanitarium	TB	County	110	94	..	No	...	133
St. Luke's Hospital■	Gen	Church	81	59	19	No	389	2,131
Decorah, 4,581—Winneshiek Co.								
Decorah Hospital	Gen	Church	30	12	6	No	67	487
Denison, 3,905—Crawford Co.								
Denison Hospital	Gen	Indiv	15	5	3	No	28	256
Des Moines, 142,559—Polk Co.								
Broadlawns Polk County Public Hospital◊■	Gen	County	102	95	16	Yes	232	2,692
Broadlawns Polk Co. Public Hospital, Tuber. Dept.■	TB	County	100	71	..	Yes	...	96
Iowa Lutheran Hosp.◊■	Gen	Church	138	98	..	No	...	3,707
Iowa Lutheran Maternity Hospital■	Mater	Church	36	16	40	No	501	537
Iowa Methodist Hosp.◊■	Gen	Church	279	153	40	No	713	5,520
Mercy Hospital◊■	Gen	Church	148	111	23	No	278	3,623
Polyclinic Hospital■	Gen	Indep	50	29	10	Yes	29	1,519
The Retreat	N&M	Indep	50	37	..	No	...	138
Station Hospital■	Gen	Army	60	18	..	Yes	...	827
Dubuque, 41,678—Dubuque Co.								
Finley Hospital◊■	Gen	Indep	102	67	10	No	235	2,496
St. Joseph Mercy Hosp.◊■	Gen	Church	160	76	18	No	215	2,052
St. Joseph Sanitarium	N&M	Church	225	155	..	No	...	10
Sunny Crest Sanitarium	TB	County	75	63	..	No	...	85
Eldora, 3,206—Hardin Co.								
Eldora Booth Mem. Hosp.	Gen	Indep	18	6	6	No	32	350
Emmetsburg, 2,865—Palo Alto Co.								
Palo Alto Hospital■	Gen	Indep	14	6	2	No	45	251
Estherville, 4,940—Emmet Co.								
Birney Hospital■	Gen	Indiv	15	6	3	No	76	225
Coleman Hospital	Gen	Indiv	35	14	6	No	25	513
Fairfield, 6,619—Jefferson Co.								
Jefferson County Hospital	Gen	County	24	17	6	Yes	109	657
Forest City, 2,016—Winnebago Co.								
Drs. Irish and Irish Hosp.	Gen	Indiv	14	5	4	Yes	47	271
Ft. Dodge, 21,895—Webster Co.								
Lutheran Hospital	Gen	Church	110	New	17	No	...	.....
St. Joseph Mercy Hosp.◊■	Gen	Church	109	69	16	No	214	2,310
Ft. Madison, 13,779—Lee Co.								
A.T.&S.F. Railway Hosp.■	Indus	Indus	60	19	..	Yes	...	377
Sacred Heart Hospital■	Gen	Church	60	28	12	No	139	1,110
Grinnell, 4,949—Powesh'ek Co.								
Grinnell Community Hosp.■	Gen	Indep	54	14	6	No	83	560
St. Francis Hospital■	Gen	Church	40	15	5	No	41	432
Hamburg, 2,163—Fremont Co.								
Hamburg Hospital	Gen	Indiv	16	11	2	No	30	506
Hampton, 3,473—Franklin Co.								
Lutheran Hospital■	Gen	Church	46	23	8	No	78	919
Harlan, 3,145—Shelby Co.								
Harlan Hospital	Gen	Indiv	11	8	1	No	18	305
Hartley, 1,272—O'Brien Co.								
Hand Hospital	Gen	Indiv	12	5	2	No	16	172
Hawarden, 2,439—Sioux Co.								
Hawarden Hospital	Gen	Part	12	4	6	No	30	175
Hull, 905—Sioux Co.								
Hull Hospital	Gen	Indep	15	7	2	No	20	300
Ida Grove, 2,206—Ida Co.								
Ida Grove General Hosp.	Gen	Part	12	6	3	No	25	204
Independence, 5,691—Buchanan Co.								
Independence State Hosp.	N&M	State	1,480	1,466	..	No	...	312
Peoples Hospital■	Gen	Indep	23	7	6	No	73	442
Iowa City, 15,340—Johnson Co.								
Children's Hospital	(Included in University Hospitals)							
Iowa State Psychopathic Hospital✦	N&M	State	60	44	..	Yes	...	226
Mercy Hospital◊	Gen	Church	94	53	16	No	233	1,295
Rohrbacher Sanitarium	Gen	Indiv	12	5	4	No	22	174
University Hospitals✦◊■▲	Gen	State	954	605	54	Yes	426	11,592

Key to symbols and abbreviations is on page 2078

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Iowa Falls, 4,112—Hardin Co.								
Ellsworth Hospital■	Gen	City	15	12	6	No	50	358
Keokuk, 15,106—Lee Co.								
Graham Protestant Hospital◊■	Gen	Indep	65	40	10	No	108	957
St. Joseph's Hospital◊■	Gen	Church	120	70	15	No	193	1,692
Knoxville, 4,697—Marion Co.								
Veterans Admin. Hospital■	N&M	VetAd	705	702	..	No	...	65
Lake City, 2,012—Calhoun Co.								
Lake City General Hosp.	Gen	Part	35	10	4	No	92	360
McVay Memorial Hospital	Gen	Indiv	14	10	5	No	48	358
Le Mars, 4,788—Plymouth Co.								
Sacred Heart Hospital◊■	Gen	Church	50	35	10	Yes	131	1,203
Manning, 1,817—Carroll Co.								
Wyatt Memorial Hospital■	Gen	Indiv	25	5	4	Yes	25	115
Maquoketa, 3,395—Jackson Co.								
City Memorial Hospital	Gen	Part	18	11	2	No	31	293
Marengo, 2,112—Iowa Co.								
Mineral Springs Hospital and Sanitarium	Gen	Indep	20	7	5	Yes	23	97
Marshalltown, 17,373—Marshall Co.								
Evangelical Deaconess Home and Hospital◊■	Gen	Church	125	71	16	No	161	2,230
St. Thomas Mercy Hosp.◊■	Gen	Church	56	25	8	No	66	895
Mason City, 25,304—Cerro Gordo Co.								
Park Hospital◊■	Gen	Indep	42	24	8	No	99	1,047
St. Joseph's Mercy Hospital◊■	Gen	Church	75	58	10	Yes	172	1,541
Story Hospital■	Gen	Part	10	4	3	No	23	146
McGregor, 1,259—Clayton Co.								
McGregor Hospital	Gen	Indiv	10	4	2	No	25	150
Monticello, 2,259—Jones Co.								
John McDonald Hospital■	Gen	Indep	30	15	5	No	66	478
Mt. Pleasant, 3,743—Henry Co.								
Henry County Soldiers and Sailors Memorial Hosp.	Gen	County	25	15	6	No	83	460
Mt. Pleasant State Hosp.	N&M	State	1,500	1,484	..	No	...	433
Muscatine, 16,778—Muscatine Co.								
Bellevue Hospital■	Gen	Part	24	9	4	No	20	265
Benjamin Hershey Memorial Hospital■	Gen	Indep	50	20	6	No	39	806
Nevada, 3,133—Story Co.								
Iowa Sanit. and Hospital	Gen	Church	50	31	6	No	29	705
New Hampton, 2,458—Chickasaw Co.								
St. Joseph's Hospital■	Gen	Church	51	20	9	No	74	797
Newton, 11,769—Jasper Co.								
City Hospital■	Gen	City	45	25	9	No	171	793
Oakdale, 52—Johnson Co.								
State Sanatorium for Tuberculosis■	TB	State	350	308	..	No	...	241
Odebolt, 1,586—Sac Co.								
Odebolt Hospital■	Gen	Indiv	10	5	3	No	15	800
Oelwein, 7,794—Fayette Co.								
Mercy Hospital	Gen	Church	35	17	6	No	65	781
Onawa, 2,558—Monona Co.								
Onawa Hospital■	Gen	Indiv	12	5	3	No	40	150
Osage, 2,964—Mitchell Co.								
Nissen Hospital	Gen	City	10	2	3	No	20	222
Osceola, 2,871—Clarke Co.								
Harken Hospital■	Gen	Indiv	20	11	4	No	20	346
Osceola Hospital	Gen	Part	25	14	5	No	24	.....
Osceola Sanit. and Hosp.	Gen	Indiv	10	5	2	No	17	123
Oskaloosa, 10,123—Mahaska Co.								
Mercy Hospital■	Gen	Indiv	30	15	5	No	38	537
Ottumwa, 28,075—Wapello Co.								
Ottumwa Hospital◊■	Gen	Indep	65	39	12	Yes	69	1,412
St. Joseph Hospital◊■	Gen	Church	75	55	12	Yes	141	2,221
Sunnyslope Sanatorium■	TB	County	53	50	..	No	...	95
Perry, 5,881—Dallas Co.								
King's Daughters Hospital■	Gen	Church	28	17	6	No	72	607
Postville, 1,066—Allamakee Co.								
Postville Hospital	Gen	Indiv	21	10	1	No	27	320
Red Oak, 5,778—Montgomery Co.								
Red Oak Hospital■	Gen	Indiv	12	4	5	No	25	800
Sheldon, 3,320—O'Brien Co.								
Cram Hospital	Gen	Indiv	14	4	2	No	20	1,460
Myers Hospital	Gen	Indiv	20	6	5	No	22	167
Shenandoah, 6,502—Page Co.								
Henry and Catherine Hand Hospital	Gen	Indep	24	18	5	No	78	644
Sibley, 1,870—Osceola Co.								
Osceola Hospital	Gen	Part	18	6	4	No	20	359
Sibley Hospital	Gen	Indiv	15	8	4	Yes	14	162
Sigourney, 2,262—Keokuk Co.								
Sigourney Hospital	Gen	Indiv	10	3	2	No	14	87
Sioux City, 79,183—Woodbury Co.								
Lutheran Hospital◊■	Gen	Church	75	52	15	No	346	2,282
Methodist Hospital◊■	Gen	Church	120	80	18	Yes	279	3,188
St. Joseph's Mercy Hospital◊■	Gen	Church	180	135	20	No	409	4,608
St. Vincent's Hospital◊■	Gen	Church	125	88	14	...	264	3,495
Spencer, 5,019—Clay Co.								
Spencer Hospital	Gen	Indep	12	9	3	No	25	392
Toledo, 1,825—Tama Co.								
Sac and Fox Tuber. Sanat.	TB	Indian	88	82	..	No	...	84
Vinton, 3,572—Benton Co.								
Virginia Gay Hospital■	Gen	Indep	30	4	5	No	49	124
Washington, 4,814—Washington Co.								
Washington County Hosp.	Gen	County	35	17	7	No	106	719
Waterloo, 46,191—Black Hawk Co.								
Allen Memorial Hospital◊	Gen	Church	50	35	8	No	215	1,378
Presbyterian Hospital◊■	Gen	Church	35	29	10	No	236	1,025
St. Francis Hospital■	Gen	Church	75	52	15	No	204	1,501

IOWA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Waverly, 3,652—Bremer Co.								
St. Joseph's Mercy Hosp.	Gen	Church	56	14	6	No	68	894
West Union, 2,056—Fayette Co.								
West Union Community Hospital■	Gen	City	10	3	3	No	31	816
Williamsburg, 1,219—Iowa Co.								
Watts Hospital	Gen	Indiv	25	3	..	No	18	142
Related Institutions								
Ames, 10,261—Story Co.								
Iowa State College Hosp.■	Inst	State	90	13	..	Yes	...	996
Anamosa, 3,579—Jones Co.								
Reformatory Hospital■	Inst	State	50	13	..	Yes	...	.....
Belmond, 1,733—Wright Co.								
Belmond Hospital	Gen	Indiv	8	3	..	No	...	142
Bettendorf, 2,768—Scott Co.								
Masonic Sanitarium	Conv	Frat	50	42	..	No	...	22
Burlington, 26,755—Des Moines Co.								
Des Moines County Asylum	N&M	County	66	..	..	...	...	.....
Clarion, 2,578—Wright Co.								
Trumpkins & Wilson Hosp.	Gen	Part	10	3	..	No	...	75
Clinton, 25,736—Clinton Co.								
Clinton Isolation Hosp.■	Iso	Cy&Co	13	..	..	No	...	5
Council Bluffs, 42,048—Pottawattamie Co.								
Christian Home Orphanage	Inst	Indep	35	10	3	No	...	15
City Isolation Hospital■	Iso	City	15	2	..	No	...	135
Iowa School for Deaf■	Inst	State	34	5	..	No	...	202
Davenport, 60,751—Scott Co.								
Iowa Soldiers' Orphans' Home	Inst	State	45	35	..	No	...	1,800
Des Moines, 142,559—Polk Co.								
Benedict Home	Mater	Indep	30	24	15	...	18	27
Broadlawns Polk County Public Hospital, Contagious Department■	Iso	County	50	15	..	No	...	313
Salvation Army Rescue Home and Mater. Hosp.	Mater	Church	55	4	30	No	86	101
Dyersville, 2,046—Dubuque Co.								
Mueller Hospital	Gen	Indiv	6	New	3	...	27	55
Eldora, 3,200—Hardin Co.								
Iowa Training School for Boys■	Inst	State	24	12	..	No	...	624
Elkader, 1,382—Clayton Co.								
Clayton County Hospital for Insane	N&M	County	50	43	..	No	...	.....
Ft. Madison, 13,779—Lee Co.								
Iowa State Penit. Hosp.	Inst	State	28	25	..	Yes	...	.....
Glenwood, 4,269—Mills Co.								
Iowa Institution for Feebleminded Children	MenDef	State	1,600	1,624	..	No	...	91
Holstein, 1,300—Ida Co.								
Holstein Hospital	Gen	Indiv	10	3	2	No	5	25
Indianola, 3,488—Warren Co.								
Community Hospital	Gen	Indiv	6	1	3	No	25	83
Leon, 2,006—Decatur Co.								
Leon Hospital■	Emerg	Part	6	...	..	No	...	60
Manchester, 3,413—Delaware Co.								
Manchester Hospital	Gen	Indiv	8	5	2	No	...	.....
Marshalltown, 17,373—Marshall Co.								
Iowa Soldiers' Home Hospital■	Inst	State	180	133	..	No	...	631
Singleton Hospital	EENT	Indiv	10	4	...	...	...	.....
Mason City, 25,304—Cerro Gordo Co.								
Iowa Odd Fellows and Orphans Home Hospital	Inst	Frat	16	11	..	No	...	.....
Onawa, 2,558—Monona Co.								
Davis Hospital	Gen	Indiv	6	3	3	No	10	92
Orange City, 1,727—Sioux Co.								
De Bey Hospital■	Gen	Part	8	6	4	Yes	15	60
Doornink Hospital	Gen	Indiv	10	3	3	No	11	125
Primghar, 962—O'Brien Co.								
Ward Memorial Hospital	Gen	Indiv	8	1	1	No	3	50
Red Oak, 5,778—Montgomery Co.								
Powell School for Backward and Nervous Children	MenDef	Part	55	50	..	No	...	2
Rock Valley, 1,204—Sioux Co.								
Rock Valley Hospital	Gen	Indiv	7	2	1	No	3	60
Saylor, (Des Moines P.O.)—Polk Co.								
Polk County Hospital for Insane	N&M	County	100	120	..	...	...	.....
Sioux City, 79,183—Woodbury Co.								
City Detention Hospital	Iso	Cy&Co	18	4	..	No	...	76
Toledo, 1,825—Tama Co.								
Iowa State Juvenile Home Hospital	Inst	State	25	15	..	No	...	175
Vinton, 3,572—Benton Co.								
Iowa School for Blind	Inst	State	16	7	..	No	...	60
Waukon, 2,526—Allamakee Co.								
Hall Hospital	Mater	Indiv	10	2	8	...	71	75
Rominger and Jeffries Emergency Hospital	Gen	Part	8	2	..	No	...	138
Winterset, 2,021—Madison Co.								
Winterset Hospital	Gen	Indiv	14	8	5	No	25	315
Woodward, 901—Dallas Co.								
Hosp. for Epileptics and School for Feebleminded	MenDef	State	740	816	..	No	...	68

Summary for Iowa:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	132	14,449	11,578	130,960
Related institutions	39	3,566	3,100	6,383
Totals	171	18,015	14,678	137,343
Refused registration	14	433		

Key to symbols and abbreviations is on page 2078

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KANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Abilene, 5,658—Dickinson Co.								
Dickinson County Memorial Hospital■	Gen	Indep	25	9	5	No	68	419
Anthony, 2,947—Harper Co.								
Galloway Hospital■	Gen	Indiv	21	13	6	Yes	172	791
Arkansas City, 15,946—Cowley Co.								
Mercy Hospital◊■	Gen	Indep	50	15	4	No	64	810
Stricklen Hospital■	Gen	Indiv	30	6	5	No	18	384
Atchison, 13,024—Atchison Co.								
Atchison Hospital■	Gen	Indep	26	19	8	No	203	637
Atwood, 1,166—Rawlins Co.								
Henneberger Hospital	Gen	Indiv	12	4	2	No	15	450
Belleville, 2,383—Republic Co.								
R. G. Patterson Memorial Hospital	Gen	Church	18	11	4	Yes	65	256
Beloit, 3,502—Mitchell Co.								
Community Hospital✚■	Gen	Indep	50	16	10	Yes	54	596
Bonner Springs, 1,837—Wyandotte Co.								
Bonner Springs Sanitarium N&M		Indiv	20	10	..	No	...	.....
Coffeyville, 16,196—Montgomery Co.								
Coffeyville General Hosp..	Gen	Indiv	10	5	2	No	6	147
Southeast Kansas Hosp.◊	Gen	Indep	18	9	3	Yes	44	359
Columbus, 3,235—Cherokee Co.								
Maud Norton Memorial City Hospital■	Gen	City	15	5	..	No	4	182
Concordia, 5,792—Cloud Co.								
Concordia Hospital■	Gen	Church	30	13	5	Yes	15	373
St. Joseph's Hospital	Gen	Church	65	40	10	No	82	1,113
Council Grove, 2,898—Morris Co.								
Council Grove Hospital	Gen	Part	10	5	2	No	...	.....
Dodge City, 10,059—Ford Co.								
Protestant Christian Hosp.■	Gen	Church	69	16	11	No	66	596
St. Anthony's Hospital◊■	Gen	Church	80	43	14	No	240	1,810
Eldorado, 10,311—Butler Co.								
Susan B. Allen Memorial Hospital◊■	Gen	Indep	42	22	8	No	159	739
Elkhart, 1,435—Morton Co.								
Tucker Hospital	Gen	Indep	18	6	4	Yes	...	.....
Ellsworth, 2,072—Ellsworth Co.								
Ellsworth Hospital◊	Gen	Indep	35	17	6	No	55	642
Emporia, 14,067—Lyon Co.								
Newman Memorial County Hospital◊■	Gen	County	67	34	14	No	177	1,105
St. Mary's Hospital	Gen	Church	70	45	10	No	...	.....
Ft. Leavenworth, 5,095—Leavenworth Co.								
Station Hospital■	Gen	Army	89	46	4	Yes	50	1,854
Ft. Riley, 2,610—Geary Co.								
Station Hospital■	Gen	Army	200	49	6	Yes	83	1,420
Ft. Scott, 10,763—Bourbon Co.								
Mercy Hospital◊	Gen	Church	100	65	10	No	127	1,826
Garden City, 6,121—Finney Co.								
Bailey Hospital■	Gen	Indiv	10	8	3	No	10	.....
St. Catherine's Hospital◊	Gen	Church	50	25	7	No	120	593
Girard, 2,442—Crawford Co.								
Girard General Hospital■	Gen	City	10	5	2	No	5	196
Goessel, 116—Marion Co.								
Mennonite Bethesda Hosp.	Gen	Church	20	8	6	No	60	168
Goodland, 3,626—Sherman Co.								
Boothroy Memorial Hosp.	Gen	Church	25	15	3	No	58	478
Great Bend, 5,548—Barton Co.								
St. Rose Hospital◊■	Gen	Church	105	42	8	No	167	1,613
Halstead, 1,373—Harvey Co.								
Halstead Hospital◊■	Gen	Indep	170	100	8	Yes	42	3,105
Hays, 4,618—Ellis Co.								
Hays Protestant Hosp.■	Gen	Church	24	14	6	Yes	38	499
St. Anthony's Hospital	Gen	Church	100	57	22	No	232	1,841
Hoisington, 3,001—Barton Co.								
Atkin Hospital	Gen	Indiv	15	6	2	No	11	.....
Horton, 4,049—Brown Co.								
Horton Hospital	Gen	Part	15	10	6	No	85	363
Hutchinson, 27,085—Reno Co.								
Grace Hospital◊■	Gen	Church	107	69	17	Yes	417	2,559
St. Elizabeth's Mercy Hospital◊	Gen	Church	75	58	12	No	113	785
Independence, 12,782—Montgomery Co.								
Mercy Hospital◊	Gen	Church	75	38	15	Yes	106	1,294
Junction City, 7,407—Geary Co.								
Junction City Municipal Hospital■	Gen	City	36	14	12	No	44	413
Kansas City, 121,857—Wyandotte Co.								
Bell Memorial Hosp.◊■	Gen	State	180	134	15	Yes	250	3,911
Bethany Methodist Hospital◊■	Gen	Church	145	107	25	No	411	3,420
Douglass Hospital (col.)◊	Gen	Church	25	10	2	Yes	...	.....
Grandview Sanitarium	N&M	Indiv	37	20	..	No	...	89
Providence Hospital◊	Gen	Church	65	52	12	No	230	1,558
St. Margaret's Hosp.◊■	Gen	Church	255	153	15	No	169	3,225
Kingman, 2,752—Kingman Co.								
Kingman Hospital◊	Gen	Part	12	8	3	No	40	268
Larned, 3,532—Pawnee Co.								
Larned Hospital	Gen	Indep	15	7	3	No	48	374
Larned State Hospital	N&M	State	842	721	..	No	...	216
Lawrence, 13,726—Douglas Co.								
Lawrence Hospital	Gen	Indep	30	10	2	Yes	8	102
Lawrence Memorial Hosp.■	Gen	City	52	27	10	No	182	1,008
Leavenworth, 17,466—Leavenworth Co.								
Cushing Hospital◊	Gen	Church	20	13	6	No	...	.....
St. John's Hospital◊	Gen	Church	43	18	7	Yes	77	660
Liberal, 5,294—Seward Co.								
Epworth Hospital◊■	Gen	Church	44	31	7	Yes	48	1,251
Lincoln, 1,732—Lincoln Co.								
City Hospital■	Gen	Indiv	10	3	1	No	12	128
Little River, 618—Rice Co.								
Hoffman Memorial Hosp.■	Gen	Indep	18	7	1	No	...	144
Lyons, 2,639—Rice Co.								
Lyons Hospital	Gen	Indep	18	7	4	No	32	234

KANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Manhattan, 10,136—Riley Co.								
Charlotte Swift Memorial Hospital◊■	Gen	Indep	41	21	9	Yes	63	950
Park View Hospital◊	Gen	Indep	30	17	6	No	56	500
Marysville, 4,013—Marshall Co.								
Randell Hospital■	Gen	Indiv	12	5	6	...	15	165
McPherson, 6,347—McPherson Co.								
McPherson County Hosp.◊■	Gen	County	50	29	10	No	176	1,028
Mulvane, 1,042—Sumner Co.								
A.T.& S.F. Railway Hosp.	Gen	Indus	60	35	..	No	...	540
Nashville, 234—Kingman Co.								
Nashville Hospital	Gen	Indiv	12	9	2	Yes	...	.....
Newton, 11,034—Harvey Co.								
Axtell Christian Hosp.◊■	Gen	Church	45	24	12	Yes	91	1,247
Bethel Deaconess Hosp.◊■	Gen	Church	48	30	12	Yes	211	918
Norton, 2,767—Norton Co.								
Laird Memorial Hospital	Gen	Church	20	10	5	No	34	351
State Sanat. for Tuber.■	TB	State	238	223	..	Yes	...	286
Osawatomie, 4,440—Miami Co.								
Osawatomie State Hosp.✚	N&M	State	1,500	1,476	..	No	...	303
Parsons, 14,903—Labette Co.								
Mercy Hospital◊■	Gen	Church	35	14	5	No	32	286
M.K.& T. Railroad Hosp.■	Indus	Indus	53	27	..	Yes	...	329
State Hosp. for Epileptics	Epil	State	730	631	..	No	...	144
Pittsburg, 18,145—Crawford Co.								
Mt. Carmel Hospital◊■	Gen	Church	75	33	5	No	52	981
Pratt, 6,322—Pratt Co.								
Ninnescah Hospital◊	Gen	Indep	20	12	6	No	79	1,238
Quinter, 576—Gove Co.								
Quinter Hosp. and Sanit.■	Gen	Indiv	10	6	5	No	...	321
Ransom, 431—Ness Co.								
Mid-West Hospital■	Gen	Indiv	10	4	5	No	9	24
Sabetha, 2,332—Nemaha Co.								
St. Anthony Murdock Memorial Hospital◊■	Gen	Church	100	36	12	No	61	1,279
Salina, 20,155—Saline Co.								
Asbury Protestant Hosp.◊■	Gen	Church	48	34	10	No	115	1,106
St. John's Hospital◊	Gen	Church	50	30	15	No	88	901
Scott City, 1,544—Scott Co.								
Scott City Hospital	Gen	Indiv	12	5	6	No	42	234
Smith Center, 1,796—Smith Co.								
Dr. C. C. Funk's Private Hospital	Gen	Indiv	10	4	..	No	...	65
Spearville, 703—Ford Co.								
Perkins' Hospital■	Gen	Indep	10	7	3	No	25	279
Stafford, 1,614—Stafford Co.								
Community Hospital	Gen	City	15	New	4	No	...	.....
Sterling, 1,868—Rice Co.								
Sterling Hospital◊■	Gen	Indep	20	8	4	No	36	422
Syracuse, 1,383—Hamilton Co.								
Donohue Memorial Hosp.■	Gen	County	25	6	6	No	33	234
Topeka, 64,120—Shawnee Co.								
A.T.& S.F. Railway Hosp.■	Indus	Indus	140	80	..	Yes	...	1,850
Christ's Hospital◊■	Gen	Church	94	51	20	No	213	1,390
Hillcrest Sanatorium	TB	Cy&Co	50	35	..	No	...	81
Jane C. Stormont Hosp.◊■	Gen	Indep	75	43	15	No	215	1,275
Menninger Sanitarium	N&M	Indep	50	29	..	Yes	...	158
St. Francis' Hospital■	Gen	Church	75	52	12	No	166	1,235
Security Benefit Home and Hospital	Gen	Frat	250	80	..	No	...	2,112
Topeka State Hospital	N&M	State	1,726	1,736	..	No	...	397
Wamego, 1,647—Pottawatomie Co.								
Genn Hospital■	Gen	City	15	5	4	No	36	1,085
Wellington, 7,405—Sumner Co.								
Hatcher Hospital■	Gen	Indiv	30	13	5	No	29	454
St. Luke's Hospital	Gen	Indep	20	10	8	No	...	.....
Wichita, 111,110—Sedgwick Co.								
Coffman Hospital■	Gen	Indiv	15	7	3	No	20	400
St. Francis Hospital◊■	Gen	Church	270	101	30	Yes	429	3,440
Sedgwick Co. Tuber. Sanat.■	TB	County	50	25	..	No	...	.....
Wesley Hospital◊■	Gen	Church	209	137	26	Yes	416	4,319
Wichita Hospital◊	Gen	Church	105	77	14	No	257	2,529
Winfield, 9,398—Cowley Co.								
St. Mary's Hospital◊	Gen	Church	44	26	6	No	67	755
William Newton Memorial Hospital◊■	Gen	City	39	23	10	No	103	722

Related Institutions

Ashland, 1,232—Clark Co.								
Ashland Hospital	Gen	Indep	10	5	5	No	34	312
Atchison, 13,024—Atchison Co.								
Dell Memorial Hospital■	State		20	14	..	No	...	.....
Prospect Park Sanitarium	N&M	Indiv	25	10	..	No	...	.....
Cherryvale, 4,251—Montgomery Co.								
Norman Hospital	Gen	Indiv	5	1	1	No	8	30
Ellsworth, 2,072—Ellsworth Co.								
Mother Bickerdyke Home and Hospital■	Inst	State	33	25	..	No	...	30
Ft. Dodge, 515—Ford Co.								
Kansas State Soldiers' Home Hospital	Gen	State	36	15	..	Yes	...	.....
Humboldt, 2,558—Allen Co.								
Dr. Payne's Emerg. Hosp.■	Gen	Indiv	7	...	2	Yes	20	25
Lansing, 812—Leavenworth Co.								
Asylum for Dangerous Insane	N&M	State	85	74	..	No	...	14
Kansas State Penit. Hosp.▲	Inst	State	43	26	..	No	...	312
Lawrence, 13,726—Douglas Co.								
Haskell Institute Hospital School	Inst	Indian	46	8	..	Yes	...	923
Watkins Memorial Hosp.■	Inst	State	46	11	..	Yes	...	873
Leavenworth, 17,466—Leavenworth Co.								
County Hospital	Inst	County	27	27	..	No	...	.....
Evergreen Sanitarium	N&M	Indiv	30	16	..	No	...	.....
U. S. Penitentiary Hospital	Inst	Fed	205	160	..	Yes	...	.....

Key to symbols and abbreviations is on page 2078

KANSAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Lebanon, 723—Smith Co.								
Lebanon Hospital	Gen	Indiv	10	2	2	No	4	110
Lincoln, 1,732—Lincoln Co.								
Lincoln Hospital	Gen	Indiv	7	2	4	No	10	41
Manhattan, 10,136—Riley Co.								
Kansas State Agricultural College Hospital■	Inst	State	30	2	..	Yes	...	368
Marion, 1,959—Marion Co.								
Marion Hospital■	Gen	Indep	9	2	1	No	48	198
Marysville, 4,013—Marshall Co.								
Marysville Hospital	Gen	Part	10	4	2	No	...	.....
National Military Home, 2,510—Leavenworth Co.								
Veterans Admin. Home■▲	Inst	VetAd	448	360	..	Yes	...	1,971
Norwich, 477—Kingman Co.								
Norwich Hospital	Gen	Indiv	6	3	2	No	4	160
Olathe, 3,656—Johnson Co.								
State School for Deaf	Inst	State	15	4	..	...	...	.....
Parsons, 14,903—Labette Co.								
Parsons Hospital and Maternity Home	Gen	Indiv	10	6	3	...	...	60
Topeka, 64,120—Shawnee Co.								
Methodist Episcopal Home for the Aged	Inst	Church	49	49	..	No	...	.....
Nellie Johns Memorial Hospital (col.)	Inst	State	20	5	1	No	1	115
State Industrial School for Boys■	Inst	State	24	8	..	Yes	...	.....
Wichita, 111,110—Sedgwick Co.								
Salvation Army Home and Hospital■	Mater	Church	40	35	9	No	126	175
Suburban Rest Sanit▲	Gen	Indiv	30	18	..	No	...	114
Wichita Children's Home Hospital	Inst	Indep	25	6	..	...	...	150
Winfield, 9,398—Cowley Co.								
State Training School	MenDef	State	1,000	1,011	..	No	...	.....

Summary for Kansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	102	10,344	7,583	83,467
Related institutions	30	2,351	1,912	5,924
Totals	132	12,695	9,495	89,391
Refused registration	22	616		

KENTUCKY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ashland, 29,074—Boyd Co.								
King's Daughters Hosp.²■	Gen	Church	40	29	10	No	105	860
Stephenson Hospital and Clinic■	Gen	Indiv	72	32	5	No	32	908
Barbourville, 2,380—Knox Co.								
Logan Hospital■	Gen	Indiv	14	6	2	No	12	140
Berea, 1,827—Madison Co.								
Berea College Hospital²■	Gen	Indep	125	29	2	Yes	22	2,262
Beverly, 69—Bell Co.								
Red Bird Evangelical Hosp.	Gen	Church	16	5	4	Yes	9	133
Bowling Green, 12,348—Warren Co.								
City Hospital²	Gen	City	52	15	8	Yes	54	613
Carlisle, 1,469—Nicholas Co.								
Johnson Memorial Hosp.	Gen	County	11	5	2	No	15	163
Covington, 65,252—Kenton Co.								
St. Elizabeth Hospital²■	Gen	Church	353	153	22	Yes	671	3,323
William Booth Mem. Hosp.²■	Gen	Church	94	41	18	No	223	1,262
Cynthiana, 4,386—Harrison Co.								
Harrison Mem. Hosp.²■	Gen	Indep	30	14	5	No	31	240
Danville, 6,729—Boyle Co.								
Danville and Boyle County Hospital■	Gen	Cy&Co	40	32	3	No	36	1,186
Dayton, 9,071—Campbell Co.								
Speer's Memorial Hosp.²	Gen	County	97	55	15	No	...	.....
Ft. Thomas, (Newport P.O.)—Campbell Co.								
Station Hospital■	Gen	Army	52	8	..	Yes	...	191
Franklin, 3,056—Simpson Co.								
Southern Kentucky Sanat.	Gen	Indiv	70	25	15	Yes	...	.....
Frenchburg, 246—Menifee Co.								
Frenchburg Hospital	Gen	Church	20	1	..	Yes	7	101
Fulton, 3,502—Fulton Co.								
Curlin-Nelll Hospital	Gen	Part	10	2	..	No	...	97
Georgetown, 4,229—Scott Co.								
John Graves Ford Memorial Hospital	Gen	Cy&Co	23	10	6	No	41	345
Glasgow, 5,042—Barren Co.								
Sampson Community Hospital■	Gen	County	70	22	10	Yes	27	1,275
Harlan, 4,327—Harlan Co.								
Harlan Hospital■	Gen	Indep	75	35	12	No	65	1,532
Harrodsburg, 4,029—Mercer Co.								
A. D. Price Mem. Hosp.²	Gen	Indep	24	9	4	No	12	327
Hazard, 7,021—Perry Co.								
Hazard Hospital■	Gen	Indep	37	24	1	Yes	6	873
Hurst-Snyder Hospital■	Gen	Part	34	18	6	No	59	643
Henderson, 11,668—Henderson Co.								
Henderson Hospital	Gen	Indep	38	20	4	No	40	800
Moseley Hospital	Gen	Part	30	6	4	No	...	.....
Hopkinsville, 10,746—Christian Co.								
Jennie Stuart Mem. Hosp.²	Gen	Indep	30	20	3	Yes	15	802
Western State Hosp'tal	N&M	State	1,500	1,702	..	No	...	428
Hyden, 313—Leslie Co.								
Hyden Hospital	Gen	Indep	14	8	4	Yes	3	436

KENTUCKY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Jackson, 2,109—Breathitt Co.								
Bach Hospital	Gen	Indiv	25	10	1	No	10	693
Jenkins, 8,465—Letcher Co.								
Jenkins Hosp.tal	Gen	Indus	65	23	10	Yes	...	.....
Kenvir, 1,212—Harlan Co.								
Black Mountain Hospital	Gen	Indus	15	4	1	No	...	.....
Lakeland, 55—Jefferson Co.								
Central State Hosp.tal	N&M	State	1,750	2,199	..	No	...	540
Lebanon, 3,248—Marion Co.								
Boldrick Infirmary	Gen	Indiv	15	5	2	No	10	200
Elizabeth's Hospital	Surg	Indiv	16	5	1	Yes	5	146
Lexington, 45,736—Fayette Co.								
Eastern State Hospital	N&M	State	900	1,622	..	No	...	533
Good Samaritan Hosp.●◊■	Gen	Church	150	122	15	No	286	3,360
High Oaks Sanatorium	N&M	Indiv	35	21	..	No	...	59
Julius Marks Sanatorium■	TB	County	90	89	..	No	...	142
Shriners' Hospital for Crippled Children	(Included in Good Samaritan Hospital)							
St. Joseph's Hospital●◊	Gen	Church	200	115	24	No	223	4,357
Veterans Admin. Hospital■	Gen	VetAd	281	100	..	No	...	447
London, 1,950—Laurel Co.								
Pennington General Hosp.	Gen	Indep	35	15	4	No	...	.....
Louisa, 1,561—Lawrence Co.								
Louisa General Hospital	Gen	Indiv	35	15	5	No	...	.....
Louisville, 307,745—Jefferson Co.								
Beechhurst Sanitarium	N&M	Indiv	30	12	..	No	...	55
Children's Free Hospital²	Chil	Indep	72	65	..	No	...	937
Jewish Hospital²	Gen	Indep	85	53	14	No	...	1,815
Kentucky Baptist Hosp.²	Gen	Church	130	114	20	No	278	3,154
Kentucky State Tuberculosis Sanatorium	TB	State	82	50	..	No	...	116
Kosair Crippled Children Hospital	Ortho	Indep	60	48	..	No	...	254
Louisville City Hosp.●◆◊▲	Gen	City	400	384	61	Yes	968	11,009
Louisville Neuropathic Sanatorium	N&M	Part	24	21	..	No	...	150
Methodist Episcopal Deaconess Hosp.tal²	Gen	Church	67	41	8	No	193	1,482
Norton Mem. Infirmary●²	Gen	Church	167	63	25	Yes	...	.....
Pope Hospital	Gen	Indiv	25	15	..	Yes	...	.....
Red Cross Hospital (col.)◊	Gen	Indep	60	30	7	No	12	332
St. Anthony's Hospital●◊	Gen	Church	135	88	20	No	371	2,324
St. Joseph Infirmary●◊	Gen	Church	300	117	26	No	387	4,074
SS. Mary and Elizabeth Hospital●◊	Gen	Church	145	99	18	No	308	2,337
Dr. Stokes Sanatorium	N&M	Indiv	35	15	..	No	...	158
U. S. Marine Hospital■	Gen	USPHS	83	83	..	Yes	...	778
William H. Emrich Hosp.	Gen	Indiv	12	5	4	Yes	30	94
Lynch, 3,050—Harlan Co.								
Lynch Hospital■	Gen	Indus	50	15	4	Yes	62	638
Madisonville, 6,908—Hopkins Co.								
Madisonville Hospital	Gen	Indep	20	7	3	No	10	484
Manchester, 715—Clay Co.								
Anderson & Ricketts Hosp.	Gen	Part	20	10	4	No	...	.....
Martin, 799—Floyd Co.								
Beaver Valley Hospital	Gen	Part	50	25	2	Yes	...	.....
Mayfield, 8,177—Graves Co.								
Fuller-Gilliam Hospital	Gen	Part	12	8	2	Yes	16	406
Mayfield Hospital■	Gen	Part	40	22	2	Yes	38	565
Maysville, 6,557—Mason Co.								
Hayswood Hospital■	Gen	Indep	38	15	5	No	35	502
Middlesboro, 10,350—Bell Co.								
Middlesboro Hospital²■	Gen	Indep	50	25	10	No	30	1,331
Mt. Sterling, 4,359—Montgomery Co.								
Mary Chiles Hospital	Gen	City	16	10	3	No	...	.....
Murray, 2,891—Calloway Co.								
Keys-Houston Clinic Hosp.■	Gen	Part	21	7	4	Yes	10	200
Wm. Mason Mem. Hosp.²	Gen	Indiv	65	27	3	Yes	18	668
Outwood,—Christian Co.								
Veterans Admin. Hospital	TB	VetAd	375	348	..	No	...	.....
Owensboro, 22,765—Daviess Co.								
Owensboro City Hospital◊■	Gen	City	100	32	10	No	169	1,456
Paducah, 33,541—McCracken Co.								
Ewart Purcell Iso. Hosp.	(Included in Riverside Hospital)							
Illinois Central Hospital■	Gen	Indus	90	45	3	Yes	11	1,706
Riverside Hospital◊■	Gen	City	127	44	12	No	174	3,010
Paintsville, 2,411—Johnson Co.								
Paintsville Hospital■	Gen	Indep	25	17	2	No	20	688
Paris, 6,204—Bourbon Co.								
W. W. Massie Mem. Hosp.²■	Gen	City	46	22	4	No	48	448
Pewee Valley, 582—Oldham Co.								
Pewee Valley Rural Sanitarium and Hospital	Gen	Indep	20	7	3	No	9	82
Pikeville, 3,376—Pike Co.								
Methodist Hospital²	Gen	Church	49	32	5	No	31	526
Pineville, 3,567—Bell Co.								
Pineville Community Hospital■	Gen	Indep	25	19	..	No	10	.....
Princeton, 4,764—Caldwell Co.								
Princeton Hospital■	Gen	Indep	15	5	3	No	10	400
Richmond, 6,495—Madison Co.								
Gibson Hospital	Gen	Indiv	20	4	..	No	...	148
Pattie A. Clay Infirmary	Gen	Indep	35	18	4	No	28	513
U. S. Public Health Service Trachoma Hospital	Trach	USPHS	37	35	..	Yes	...	.....
Seco, 1,150—Letcher Co.								
Seco Hospital	Indus	Indiv	15	5	..	Yes	...	300
Shelbyville, 4,023—Shelby Co.								
King's Daughters Hospital	Gen	Church	42	17	7	No	61	324
Somerset, 5,306—Pulaski Co.								
Somerset General Hosp.■	Gen	Indep	20	7	3	No	16	335
Stanford, 1,544—Lincoln Co.								
Lincoln County Mem. Hosp.	Gen	County	13	7	2	No	...	.....
Versailles, 2,244—Woodford Co.								
Woodford County Memorial Hospital	Gen	Cy&Co	24	12	4	No	...	300

Key to symbols and abbreviations is on page 2078

KENTUCKY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Waverly Hills,—Jefferson Co.								
Waverly Hills Sanatorium■	TB	Cy&Co	465	463	10	Yes	...	546
Winchester, 8,233—Clark Co.								
Clark County Hospital■	Gen	Cy&Co	30	9	3	No	25	337
Guerrant Clinic and Hosp.	Gen	Indiv	20	5	6	Yes	...	208
Related Institutions								
Annville, 121—Jackson Co.								
Annville Institute Infirm..	Inst	Church	10	2	..	No	...	120
Covington, 65,252—Kenton Co.								
Kenton County Infirmary.	Inst	County	50	35	..	No	...	.....
Danville, 6,729—Boyle Co.								
Kentucky School for the Deaf Hospital	Inst	State	40	5	..	No	...	.....
Earlington, 3,309—Hopkins Co.								
West Kentucky Hospital■	Indus	Indus	10	...	..	No	...	.....
Eddyville, 1,966—Lyon Co.								
Kentucky Penitentiary Hospital	Inst	State	30	3	..	Yes	...	.....
Erlanger, 1,853—Kenton Co.								
Highway Medical Hospital	Gen	Indiv	25	...	4	...	...	.....
Fleming, 1,389—Letcher Co.								
Fleming Hospital■	Indus	Indus	10	2	..	No	...	74
Frankfort, 11,626—Franklin Co.								
Kentucky State Reformatory Hospital■	Inst	State	100	10	..	No	...	3,700
State Institution for the Feebleminded	MenDef	State	718	688	..	No	...	110
Winnie Annett Scott Memorial Hospital (col.)	Gen	Indep	15	2	2	No	...	27
Grayson, 1,022—Carter Co.								
J. Q. Stovall Mem. Hosp.■	Gen	Indiv	8	6	1	No	6	127
Greendale, 80—Fayette Co.								
Kentucky House of Reform■	Inst	State	28	18	..	No	..	200
Guerrant, 27—Breathitt Co.								
Highland Institution Hosp.■	Gen	Church	8	2	..	Yes	...	120
Louisville, 307,745—Jefferson Co.								
Kings Daughters Home for Incurables	Incur	Church	88	75	..	No	...	26
Mt. St. Agnes Sanitarium..	TBN&M	Church	40	20	..	No	...	.....
Susan Speed Davis Home and Hospital	Mater	Church	53	30	9	No	68	91
Paducah, 35,541—McCracken Co.								
McCracken County Tubercular Sanitarium	TB	County	22	16	..	No	...	39
Pewee Valley, 582—Oldham Co.								
Kentucky Confederate Home Infirmary	Inst	State	20	8	..	No	...	.....
Richmond, 6,495—Madison Co.								
Eastern Kentucky Colored Women's Hospital	Gen	Indep	12	2	..	No	2	32
Shelbyville, 4,033—Shelby Co.								
Amanda Smith Hosp. (col.)	Gen	Church	8	5	..	No	5	66
Old Masons' Home of Kentucky Hospital	Inst	Frat	16	4	..	Yes	...	.....
Smithview, 718—Warren Co.								
Lucy T. Owen Hospital	Gen	Indiv	14	1	1	No	2	30
Somerset, 5,506—Pulaski Co.								
Pulaski County Hospital	Gen	Indep	15	...	3	No	...	.....

Summary for Kentucky:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	91	11,826	9,292	75,184
Related institutions	23	1,340	948	4,763
Totals	114	13,166	10,240	79,947
Refused registration	8	202		

LOUISIANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Alexandria, 23,025—Rapides Parish								
Baptist Hospital◊■	Gen	Church	60	23	5	Yes	98	1,233
Veterans Admin. Hosp.■▲	Gen	VetAd	421	371	..	No	...	1,902
Bastrop, 5,121—Morehouse Parish								
Bastrop General Hospital■	Gen	City	18	New	3	Yes	...	.....
Morehouse Hospital■	Gen	Indiv	12	10	4	No	30	467
Baton Rouge, 30,729—East Baton Rouge Parish								
Baton Rouge Gen. Hosp.◊■	Gen	Indep	75	41	6	No	52	1,638
Our Lady of the Lake Sanitarium◊■	Gen	Church	100	56	10	No	216	2,516
Bogalusa, 14,029—Washington Parish								
Elizabeth Sullivan Memorial Hospital◊■	Gen	Indus	84	55	10	Yes	228	2,760
Breaux Bridge, 1,395—St. Martin Parish								
St. Paul Hospital■	Gen	Indiv	10	2	1	No	3	600
Carville, 308—Iberville Parish								
U. S. Marine Hosp.✦■▲	Leprosy	USPHS	425	322	..	Yes	...	81
Columbia, 500—Caldwell Parish								
Caldwell Hospital■	Gen	Indiv	10	4	..	No	15	175
Riverview Sanitarium■	Gen	Indiv	20	12	5	No	29	1,225
Converse, 291—Sabine Parish								
Allen Sanitarium■	Gen	Indiv	24	6	4	No	36	605
Covington, 3,208—St. Tammany Parish								
New Fenwick Sanitarium..	N&M	Indiv	64	20	..	No	...	240
Crowley, 7,656—Acadia Parish								
Crowley Sanitarium■	Gen	Indep	18	10	4	No	24	714
De Ridder, 3,737—Beauregard Parish								
De Ridder Sanitarium■	Gen	Indep	16	2	..	No	...	.....
Elizabeth, 3,000—Allen Parish								
Industrial Lumber Co. Hospital■	Gen	Indus	20	8	2	Yes	12	187
Eunice, 3,597—St. Landry Parish								
Eunice Clinic and Hosp.■	Gen	Indep	18	5	2	Yes	...	171
Haynesville, 2,541—Claiborne Parish								
Haynesville Hospital■	Gen	Indep	25	9	2	No	15	405
Jackson, 3,966—East Feliciana Parish								
East Louisiana State Hospital✦	N&M	State	2,600	2,975	..	No	...	479
Parker Hospital	(Included in East Louisiana State Hospital)							
Lafayette, 14,635—Lafayette Parish								
Lafayette Sanitarium■	Gen	Indep	25	12	1	Yes	19	394
St. John Hospital	Gen	Indiv	30	15	..	No	...	.....
Lake Charles, 15,791—Calcasieu Parish								
St. Patrick's Sanitarium◊■	Gen	Church	75	45	6	No	100	1,733
Lecompte, 1,247—Rapides Parish								
Lecompte Sanitarium■	Gen	Part	18	5	2	Yes	68	248
Mansfield, 3,837—De Soto Parish								
Mansfield Sanitarium■	Gen	Indep	32	10	4	No	22	487
Minden, 5,623—Webster Parish								
Minden Sanitarium	Gen	Indep	35	7	2	No	28	398
Monroe, 26,028—Ouachita Parish								
St. Francis' Sanitarium◊■	Gen	Church	125	75	15	No	187	3,223
Natchitoches, 4,347—Natchitoches Parish								
Natchitoches Hospital■	Gen	Indep	29	3	4	No	31	317
New Iberia, 8,003—Iberia Parish								
Dauterive Hospital■	Gen	Indiv	20	9	2	No	14	331
New Orleans, 458,762—Orleans Parish								
Charity Hospital✦◊■▲	Gen	State	1,756	1,779	53	Yes	2,100	42,636
City Hospital for Mental Diseases	N&M	City	100	52	..	No	...	500
Delgado Memorial Hosp.	(Included in Charity Hospital)							
De Paul Sanitarium	N&M	Church	250	270	..	No	...	245
Dibert Tuberculosis Hosp.	(Included in Charity Hospital)							
Eye, Ear, Nose and Throat Hospital	EENT	Indep	68	20	..	Yes	...	5,115
Flint-Goodridge Hospital of Dillard Univ. (col.)◊	Gen	Indep	88	New	12	Yes	...	.....
French Hospital	Gen	Frat	62	36	13	No	220	1,069
Hotel Dieu Hospital◊	Gen	Church	238	170	23	No	569	6,049
Illinois Central Hospital■	Indus	Indus	60	36	..	Yes	...	989
Mercy Hospital◊	Gen	Church	125	62	28	Yes	342	2,363
New Orleans Hosp. & Disp. for Women and Children	Gen	Indep	35	20	12	Yes	...	.....
Orleans Tuber. Hospital■	TB	Indep	100	54	..	No	...	74
Richard Milliken Mem. Hospital	(Included in Charity Hospital)							
Southern Baptist Hosp.◊	Gen	Church	198	112	24	No	321	6,742
Touro Infirmary✦◊	Gen	Indep	329	246	44	Yes	1,556	8,654
U. S. Marine Hospital✦■	Gen	USPHS	476	388	..	Yes	...	5,001
Opelousas, 6,218—St. Landry Parish								
St. Landry Sanitarium	Gen	Indiv	15	7	..	No	...	.....
St. Rita's Infirmary■	Gen	Part	12	5	..	No	31	342
Patterson, 2,206—St. Mary Parish								
St. Mary Hospital	Gen	Part	30	8	5	No	16	380
Pineville, 3,612—Rapides Parish								
Central Louisiana State Hospital	N&M	State	1,500	1,451	..	No	...	376
Plaquemine, 5,124—Iberville Parish								
Plaquemine Sanitarium■	Gen	Indep	25	8	5	No	16	1,080
Ruston, 4,400—Lincoln Parish								
Ruston-Lincoln Sanit.■	Gen	Indep	30	5	1	No	27	401
Shreveport, 76,655—Caddo Parish								
Highland Sanitarium◊■	Gen	Part	116	50	8	Yes	193	2,479
Mercy Sanitarium (col.)	Gen	Part	16	6	2	Yes	11	102
North Louisiana Sanit.◊■	Gen	Indep	100	51	12	Yes	13	4,254
Pines Sanatorium■	TB	Indep	100	75	..	Yes	...	.....
T. E. Schumpert Memorial Sanitarium✦◊■▲	Gen	Church	150	50	6	Yes	120	2,000
Shreveport Charity Hospital✦◊■	Gen	State	450	334	16	No	262	8,007
Shriners Hospital for Crippled Children✦■	Ortho	Frat	60	60	..	Yes	...	153
Tri-State Hospital■	Gen	Indep	128	55	4	No	177	1,026
Winnsboro, 1,965—Franklin Parish								
Winnsboro Sanitarium■	Gen	Indep	28	10	..	No	...	.....
Zachary, 626—East Baton Rouge Parish								
Greenwell Springs Sanat.■	TB	State	70	58	..	No	...	70
Related Institutions								
Alexandria, 23,025—Rapides Parish								
State Colony and Training School■▲	MenDef	State	625	504	..	No	...	202
Baton Rouge, 30,729—East Baton Rouge Parish								
Louisiana State Penitentiary Hospital	Inst	State	40	18	..	No	...	.....
Ferriday, 2,562—Concordia Parish								
Ferriday Hospital■	Gen	Part	6	3	2	No	10	127
Homer, 2,309—Claiborne Parish								
Homer Sanitarium■	Gen	Indiv	10	1	..	Yes	...	20
New Orleans, 458,762—Orleans Parish								
Isolation Hospital	Iso	Cy&Co	125	15	..	No	2	383
New Orleans Convalescent Home	Conv	Indep	30	20	..	No	...	251
New Orleans Home for Incurables	Incur	Indep	130	108	..	No	...	.....
St. Anna's Asylum	Inst	Church	10	4	..	No	...	.....
Soldiers' Home	Inst	State	30	24	..	No	...	7

Summary for Louisiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	58	11,391	9,560	125,052
Related institutions	9	1,006	697	990
Totals	67	12,397	10,287	126,042
Refused registration	1	26		

Key to symbols and abbreviations is on page 2078

MAINE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Basinets	Outpatient Department	Total Births	Patients Admitted
Augusta, 17,198—Kennebec Co.								
Augusta General Hospital◊	Gen	Indep	85	41	20	No	128	1,310
Augusta State Hospital◊	N&M	State	950	1,208	..	No	...	189
Bangor, 28,749—Penobscot Co.								
Bangor Sanatorium	TB	Indep	30	17	..	No	...	42
Bangor State Hospital◊	N&M	State	875	938	..	Yes	...	194
Eastern Maine General Hospital*◊	Gen	Indep	159	121	14	Yes	84	3,409
Paine Private Hospital■	Gen	Indiv	25	14	..	...	20	386
Bar Harbor, 4,486—Hancock Co.								
Mount Desert Island Hosp.■	Gen	Indep	34	17	4	No	29	778
Bar Mills, 165—York Co.								
Buxton-Hollis Hospital■	Gen	Indiv	12	4	2	Yes	9	250
Bath, 9,110—Sagadahoc Co.								
Bath City Hospital◊■	Gen	Indep	50	29	8	No	120	720
Belfast, 4,985—Waldo Co.								
Bradbury Memorial Hosp.■	Gen	Indep	25	10	5	Yes	18	219
Waldo County General Hospital◊■	Gen	Indep	27	15	6	Yes	84	559
Biddeford, 17,633—York Co.								
Trull Hospital◊	Gen	Part	40	30	10	No.	155	840
Webber Hospital◊■	Gen	Indep	50	30	10	Yes	121	792
Blue Hill, 1,439—Hancock Co.								
Blue Hill Memorial Hospital◊■	Gen	Indep	25	18	6	Yes	40	431
Boothbay Harbor, 2,076—Lincoln Co.								
St. Andrew's Hospital	Gen	Indep	20	4	4	Yes	24	320
Brunswick, 6,144—Cumberland Co.								
Brunswick Hospital◊	Gen	Indiv	46	23	6	No	...	721
Calais, 5,470—Washington Co.								
Calais Hospital◊■	Gen	Indiv	47	25	5	Yes	39	926
Cape Cottage, 33—Cumberland Co.								
Station Hospital■	Gen	Army	30	10	..	Yes	...	339
Caribou, 7,248—Aroostook Co.								
Cary Memorial Hospital◊	Gen	City	40	25	10	Yes	107	874
Castine, 726—Hancock Co.								
Castine Community Hosp.	Gen	Indep	10	3	5	No	30	200
Eagle Lake, 1,780—Aroostook Co.								
Northern Maine Gen. Hosp.	Gen	Church	32	18	..	No	...	391
Ellsworth, 3,357—Hancock Co.								
Hurley Private Hospital	Gen	Indiv	12	6	5	Yes	...	.....
Fairfield, 3,529—Somerset Co.								
Central Maine Sanatorium	TB	State	188	165	..	No	...	158
Farmington, 1,737—Franklin Co.								
Franklin County Memorial Hospital■	Gen	Indep	49	31	10	Yes	67	878
Ft. Fairfield, 2,616—Aroostook Co.								
Community Hospital■	Gen	Indep	20	8	7	No	55	403
Gardiner, 5,609—Kennebec Co.								
Gardiner General Hosp.◊	Gen	Indep	40	18	12	Yes	139	788
Greenville Junction, 345—Piscataquis Co.								
Charles A. Dean Hospital	Gen	Indep	23	8	4	No	35	245
Greenwood Mountain,—Oxford Co.								
Western Maine Sanat.*■	TB	State	149	141	..	No	...	98
Houlton, 6,805—Aroostook Co.								
Aroostook Hospital◊	Gen	Indep	35	23	8	No	84	809
Madigan Memorial Hosp.◊	Gen	Church	33	19	7	No	47	574
Lewiston, 34,948—Androscoggin Co.								
Central Maine General Hospital*◊■	Gen	Indep	199	82	16	Yes	198	1,873
St. Mary's General Hospital*◊■	Gen	Church	136	92	14	Yes	116	2,158
Old Town, 7,266—Penobscot Co.								
Deering Private Hospital	Gen	Indiv	12	3	5	No	9	100
Portland, 70,810—Cumberland Co.								
Children's Hospital	Chil	Indep	100	74	..	Yes	...	483
Farrington Hospital■▲	Gen	City	86	72	8	No	46	350
Dr. Leighton's Private Maternity Hospital	Mater	Indiv	16	11	16	No	146	360
Maine Eye and Ear Infirmary General Hospital◊■	Gen	Indep	110	108	20	Yes	323	3,282
Maine General Hosp.tal*◊■	Gen	Indep	199	135	26	Yes	201	3,247
Queen's Hospital◊■	Gen	Church	52	30	8	No	123	617
St. Barnabas Hospital◊	Gen	Indiv	75	52	15	No	148	1,603
State Street Hospital◊	Gen	Indep	50	25	12	Yes	...	.....
U. S. Marine Hospital■	Gen	USPHS	72	73	..	Yes	...	797
Dr. C. P. Wescott Sanat.	Nerv	Indiv	14	8	..	No	...	37
Presque Isle, 4,662—Aroostook Co.								
Northern Maine Sanat.■	TB	State	117	110	..	No	...	121
Presque Isle Gen. Hosp.◊	Gen	Indep	50	35	9	Yes	115	1,282
Rockland, 9,075—Knox Co.								
Knox County Gen. Hosp.◊■	Gen	Indep	67	45	7	Yes	110	1,131
Rumford, 10,340—Oxford Co.								
Rumford Community Hospital◊	Gen	Indep	50	30	8	Yes	102	663
Sanford, 13,392—York Co.								
Henrietta D. Goodall Hospital◊■	Gen	Indep	42	17	8	No	...	646
Skowhegan, 6,435—Somerset Co.								
Kennebec Valley Hospital◊	Gen	Indiv	40	31	3	Yes	20	1,148
Waterville, 15,454—Kennebec Co.								
Elm City Hospital◊	Gen	Indiv	21	17	4	...	39	342
Sisters Hospital◊■	Gen	Church	85	58	10	Yes	83	2,070
Thayer Hospital	Gen	Indep	30	15	4	No	37	649
Westbrook, 10,807—Cumberland Co.								
Westbrook Hospital	Gen	Indiv	18	10	7	No	64	267
York Village, 1,230—York Co.								
York Hospital■	Gen	Indep	16	11	6	No	53	248
Related Institutions								
Auburn, 18,571—Androscoggin Co.								
Auburn Private Hospital	Gen	Indiv	10	4	6	No	80	.....
Augusta, 17,198—Kennebec Co.								
Veterans Admin. Home■▲	Inst	VetAd	324	211	..	No	...	662
Bangor, 28,749—Penobscot Co.								
Fellows Private Hospital	Gen	Indiv	17	6	1	No	1	.....

MAINE—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Basinets	Outpatient Department	Total Births	Patients Admitted
Friendship Hospital	Gen	Indiv	10	5	2	No	2	245
Home Private Hospital	Mater	Indiv	12	3	12	No	71	70
Laura Purcell Hospital	Gen	Indiv	15	3	5	No	10	150
Stinson Private Hospital	Gen	Indiv	14	8	5	No	...	.....
Bridgton, 2,659—Cumberland Co.								
Northern Cumberland Memorial Hospital	Gen	Indep	10	1	4	No	2	33
Dexter, 4,063—Penobscot Co.								
Plummer Memorial Hosp.	Gen	Indep	12	8	3	No	...	.....
Dover-Foxcroft, 3,750—Piscataquis Co.								
Dover-Foxcroft Hospital	Gen	Indiv	9	3	2	No	6	150
East Parsonfield, 306—York Co.								
Restland	Conv	Indep	50	25	..	No	...	25
Freeport, 973—Cumberland Co.								
Freeport Hospital	Gen	Part	12	5	4	No	...	.....
Mars Hill, 1,837—Aroostook Co.								
Mars Hill Hospital	Gen	Indiv	8	3	..	No	...	.....
Millinocket, 5,830—Penobscot Co.								
Bryant Hospital■	Gen	Indiv	7	6	3	No	39	234
Portland, 70,810—Cumberland Co.								
Dr. Black's Private Maternity Hospital■	Mater	Indiv	10	5	10	No	...	20
Portland Isolation Cottage	Iso	City	25	2	..	No	...	34
Pownal, 462—Cumberland Co.								
Pownal State School	MenDef	State	810	674	..	Yes	...	26
Strong, 878—Franklin Co.								
Dr. Bell's Private Hospital	Gen	Indiv	12	10	..	No	...	486
Union, 1,960—Knox Co.								
Jones Sanitarium	N&M	Indep	30	28	..	No	...	8

Summmary for Maine:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	54	5,003	4,163	41,497
Related institutions	19	1,397	1,010	2,303
Totals	73	6,400	5,173	43,800
Refused registration	5	61		

MARYLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Basinets	Outpatient Department	Total Births	Patients Admitted
Aberdeen Proving Ground, 215—Harford Co.								
Station Hospital■	Gen	Army	50	4	..	Yes	...	144
Annapolis, 12,531—Anne Arundel Co.								
Annapolis Emergency Hospital◊■	Gen	State	80	35	20	Yes	155	1,347
U. S. Naval Hospital■	Gen	Navy	224	59	..	No	...	1,741
Baltimore, 804,874—Baltimore City								
Baltimore City Hospitals (General)*+■	Gen	City	630	525	6	Yes	118	3,768
Baltimore City Hospitals (Psychopathic)+■	N&M	City	325	301	..	Yes	...	266
Baltimore City Hospitals (Tuberculosis)+■	TB	City	172	128	..	No	...	465
Baltimore Eye, Ear and Throat Charity Hosp.+	EENT	Indep	60	25	..	Yes	...	2,656
Bon Secours Hospital◊	Gen	Church	60	51	12	Yes	...	1,027
Children's Hospital School	Ortho	Indep	120	82	..	No	...	238
Church Home & Infirm.*◊	Gen	Church	157	118	19	Yes	258	2,778
Franklin Square Hosp.*◊	Gen	Indep	129	79	15	No	276	2,402
Hospital for Women*◊	Gen	Indep	111	102	24	Yes	588	1,984
Howard A. Kelly Hospital	Sk&Ca	Indep	30	11	..	Yes	...	.....
Jas. Lawrence Kernan Hospital and Indus. School for Crippled Children■	Ortho	Indep	80	68	..	Yes	...	166
Johns Hopkins Hosp.*+◊▲	Gen	Indep	782	610	70	Yes	1,072	11,637
Johnston Memorial Children's Hospital	(Children's Dept. of Union Memorial Hosp.)							
Maryland General Hosp.*◊■	Gen	Church	203	166	25	Yes	167	3,730
Mercy Hospital*+◊	Gen	Church	275	250	26	Yes	442	5,178
Mt. Hope Retreat◊	N&M	Church	670	670	..	No	...	60
Presbyterian Eye, Ear and Throat Charity Hosp.■	EENT	Church	50	9	..	Yes	...	2,338
Provident Hospital and Free Dispensary (col)*◊	Gen	Indep	111	81	9	Yes	141	1,586
St. Agnes' Hospital*+◊	Gen	Church	187	142	18	Yes	329	5,129
St. Joseph's Hospital*+◊■	Gen	Church	254	212	34	Yes	640	5,554
Sinai Hospital*+◊	Gen	Indep	231	189	40	Yes	744	4,552
South Baltimore General Hospital*◊■	Gen	Indep	100	60	15	Yes	137	2,109
Sydenham Hospital■	Iso	City	110	65	..	No	...	1,379
Union Memorial Hosp.*+◊	Gen	Indep	311	214	24	Yes	24	4,367
U. S. Marine Hospital+■	Gen	USPHS	222	209	..	Yes	...	2,010
University of Maryland Hospital*+◊■	Gen	State	250	221	25	Yes	391	5,565
Volunteers of America Hospital	Gen	Indep	36	10	4	Yes	45	1,153
West Baltimore General Hospital*+◊■	Gen	Indep	165	101	20	Yes	311	2,309
Cambridge, 8,544—Dorchester Co.								
Cambridge-MarylandHosp.◊	Gen	Indep	75	31	14	Yes	148	733
Eastern Shore State Hosp.	N&M	State	342	319	..	No	...	77
Catonsville, 4,360—Baltimore Co.								
Gundry Sanitarium	N&M	Indiv	45	...	..	No	...	10
Harlem Lodge	N&M	Part	35	28	..	No	...	68
Spring Grove State Hosp.	N&M	State	1,500	1,250	..	No	...	496
Crisfield, 3,850—Somerset Co.								
Edward W. McCready Memorial Hospital◊■	Gen	County	34	15	5	No	49	345

Key to symbols and abbreviations is on page 2078

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MARYLAND—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Crownsville, (Waterbury, P.O.)—Anne Arundel Co.								
Crownsville State Hosp.(col.)	N&M	State	950	867	..	No	...	265
Cumberland, 37,747—Allegany Co.								
Allegany Co. Tuber. Sanat.	TB	Indiv	22	23	..	No	...	.....
Allegany Hospital of the Sister of Charity◊■	Gen	Church	90	59	10	Yes	162	1,903
Memorial Hospital■	Gen	Cy&Co	128	89	20	Yes	288	2,918
Easton, 4,092—Talbot Co.								
Emergency Hospital◊■	Gen	Indep	72	48	19	Yes	140	1,576
Edgewood, 110—Harford Co.								
Station Hospital	Gen	Army	60	17	..	Yes	...	668
Elkton, 3,331—Cecil Co.								
Union Hospital	Gen	Part	53	27	7	No	101	902
Ellicott City, 1,216—Howard Co.								
Patapsco Manor Sanit.	N&M	Indep	25	15	..	No	...	29
Ft. George G. Meade,—Anne Arundel Co.								
Station Hospital■	Gen	Army	84	22	..	Yes	...	1,004
Ft. Howard, 598—Baltimore Co.								
Station Hospital	Gen	Army	12	4	..	No	...	1,485
Ft. Washington, 415—Prince Georges Co.								
Station Hospital	Gen	Army	28	10	..	Yes	...	335
Frederick, 14,434—Frederick Co.								
Frederick City Hospital◊■	Gen	Indep	112	58	13	Yes	182	1,856
Prostburg, 5,588—Allegany Co.								
State General Miner's Hospital■	Gen	State	35	14	5	Yes	44	500
Hagerstown, 30,861—Washington Co.								
Washington County Hospital◊■	Gen	County	109	80	16	Yes	221	2,486
Havre de Grace, 3,985—Harford Co.								
Havre de Grace Hospital.	Gen	City	40	25	10	Yes	...	.....
Henryton, 27—Carroll Co.								
Maryland Tuberculosis Sanatorium (col.)	TB	State	156	128	..	No	...	231
Ijamsville, 72—Frederick Co.								
Rigge Cottage Sanitarium.	N&M	Indiv	25	25	..	No	...	11
Laurel, 2,532—Prince Georges Co.								
Laurel Sanitarium	N&M	Indep	75	68	..	No	...	80
Mount Wilson,—Baltimore Co.								
Mt. Wilson Branch, Maryland Tuberculosis Sanat.	TB	State	156	157	..	No	...	185
Olney, 83—Montgomery Co.								
Montgomery County General Hospital■	Gen	Indep	37	28	8	No	78	956
Perry Point, 80—Cecil Co.								
Veterans Admin. Hospital.	N&M	VetAd	1,015	993	..	No	...	519
Prince Frederick, 200—Calvert Co.								
Calvert County Hospital■	Gen	County	40	15	6	No	...	.....
Reisterstown, 1,630—Baltimore Co.								
Mt. Pleasant✦	TB	Indep	60	57	..	No	...	66
Rockville, 1,422—Montgomery Co.								
Chestnut Lodge Sanitarium	N&M	Indiv	30	25	..	No	...	32
Salisbury, 10,967—Wicomico Co.								
Eastern Shore Tuberculosis Sanatorium	TB	State	50	49	..	No	...	77
Peninsula General Hosp.◊.	Gen	Indep	88	60	16	No	317	2,127
Sparrows Point, 4,000—Baltimore Co.								
Sparrows Point Hospital■	Indus	Indus	16	New	..	Yes	...	.....
State Sanatorium, 260—Frederick Co.								
Maryland Tuber. Sanat...	TB	State	445	441	..	No	...	698
Sykesville, 961—Carroll Co.								
Springfield State Hosp✦.	N&M	State	2,400	2,261	..	No	...	278
Towson, 3,500—Baltimore Co.								
Aigburth Manor	Nerv	Indiv	23	18	..	...	...	55
Hospital for Consumptives	TB	Indep	185	176	5	No	...	215
Shepard and Enoch Pratt Hospital◊■	N&M	Indep	275	247	..	No	...	248
Related Institutions								
Baltimore, 804,874—Baltimore City								
Baltimore City Jail Hosp.■	Inst	City	32	14	..	No	...	86
Edgewood Sanitarium	Conv	Indiv	27	18	..	...	...	.....
Happy Hills Convalescent Home for Children	Conv	Indep	50	48	..	No	...	.....
Home for Incurables	Incur	Indep	117	100	..	No	...	.....
Home for the Aged of the M. E. Church	Inst	Church	18	18	..	No	...	.....
Maryland Penitentiary Hospital■	Inst	State	45	27	..	Yes	...	1,009
Strathmore Park Hospital.	Gen	Indiv	15	4	3	...	...	.....
Cheltenham, 37—Prince Georges Co.								
House of Reformation (col.)	Inst	State	14	8	..	...	...	45
College Park, 316—Prince Georges Co.								
Infirmary, University of Maryland	Inst	State	12	4	..	No	...	100
Cumberland, 37,747—Allegany Co.								
Sylvan Retreat	N&M	County	90	80	..	No	...	.....
Ellicott City, 1,216—Howard Co.								
Beth Hillel Sanitarium	MenDef	Indep	25	5	..	No	...	11
Frederick, 14,434—Frederick Co.								
Maryland State School for the Deaf	Inst	State	10	2	..	No	...	25
Hyattsville, 4,264—Prince Georges Co.								
Pinehurst Sanitarium	Conv	Indiv	16	10	2	No	...	.....
Jessups, 161—Howard Co.								
Hill Top School	MenDef	Indiv	24	20	..	...	...	.....
Maryland House of Correction Hospital■	Inst	State	73	32	..	No	...	1,170
Leonardtown, 697—St. Marys Co.								
St. Marys County Hosp.■	Gen	Indep	30	5	6	No	28	98
Loch Raven, 62—Baltimore Co.								
Maryland Training School for Boys	Inst	State	8	1	..	No	...	33

MARYLAND—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Orange Grove, (Catonsville P.O.)—Baltimore Co.								
St. Gabriel's Home for Convalescent Girls	Conv	Church	25	25	..	No	...	48
Owings Mills, 215—Baltimore Co.								
Rosewood State Training School	MenDef	State	1,050	1,060	..	...	...	.....
Relay, 2,000—Baltimore Co.								
Relay Sanitarium	N&M	Part	35	20	..	No	...	36
Rockville, 1,422—Montgomery Co.								
Waverley Sanatorium	Conv	Indiv	15	14	..	No	...	.....
Silver Springs, 265—Montgomery Co.								
Maplewood Sanitarium	N&M	Indiv	22	11	..	...	...	.....

Summary for Maryland:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	69	15,085	12,513	100,813
Related institutions	20	1,620	1,412	2,650
Totals	89	16,705	13,925	103,463
Refused registration	4	91		

MASSACHUSETTS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Acushnet, 4,092—Bristol Co.								
Acushnet Sanit. and Hosp.	Gen	Indiv	35	16	16	Yes	63	446
Adams, 12,697—Berkshire Co.								
W. B. Plunkett Mem. Hosp.■	Gen	City	42	23	12	No	147	714
Amesbury, 11,899—Essex Co.								
Amesbury Hospital■	Gen	Indep	30	15	6	No	85	854
Arlington, 36,094—Middlesex Co.								
Ring Sanatorium & Hosp.◊	N&M	Indep	60	47	..	No	...	150
Symmes Arlington Hosp.◊■	Gen	Indep	80	43	20	No	338	2,025
Attleboro, 21,769—Bristol Co.								
Bristol Co. Tuber. Hosp.■	TB	County	60	53	..	No	...	85
Sturdy Memorial Hosp.◊■	Gen	Indep	104	42	21	No	291	1,407
Ayer, 3,060—Middlesex Co.								
Community Mem. Hosp.■.	Gen	Indep	22	10	7	Yes	59	315
Bedford, 2,693—Middlesex Co.								
Veterans Admin. Hospital	N&M	VetAd	644	536	..	Yes	...	43
Belmont, 21,748—Middlesex Co.								
McLean Hospital✦◊	N&M	Indep	232	209	..	No	...	115
Beverly, 25,086—Essex Co.								
Beverly Hospital✦◊■	Gen	Indep	121	90	20	Yes	291	3,409
Boston, 781,188—Suffolk Co.								
Adams Nervine	N&M	Indep	36	30	..	No	...	.....
Bay State Hospital■	Gen	Indep	21	3	6	No	88	824
Beth Israel Hospital✦◊■	Gen	Indep	194	135	..	Yes	...	4,396
Boston City Hosp.✦◊■▲	Gen	City	1,159	1,038	129	Yes	2,065	23,716
Boston Lying-In Hospital■	Mater	Indep	204	128	204	Yes	2,763	3,405
Boston Psychopathic Hospital✦	N&M	State	110	85	..	Yes	...	1,914
Boston Sanatorium■	TB	City	580	416	..	No	...	402
Boston State Hospital✦...	N&M	State	2,308	2,262	..	No	...	706
Carney Hospital◊	Gen	Church	190	116	20	Yes	339	2,929
Children's Hospital✦◊■	Chil	Indep	254	165	32	Yes	...	5,158
Codman Square Hospital.	Gen	Indep	19	12	12	No	148	497
Collis P. Huntington Memorial Hospital■	Sk&Ca	Indep	25	18	..	Yes	...	1,051
Emerson Hospital■	Gen	Indep	40	30	25	No	376	803
Evangeline Booth Maternity Hosp. and Home■	Mater	Church	30	25	35	No	559	796
Faulkner Hospital◊■	Gen	Indep	130	89	20	No	411	2,047
Fenway Hospital◊■	Gen	Indiv	40	20	3	No	12	560
Glenside Sanat. & Hosp...	N&M	Indiv	50	36	..	Yes	...	61
Greater Boston Dikur Cholim Hospital	Gen	Indep	42	23	..	No	...	85
Harley Private Hospital◊.	Gen	Indep	60	53	21	No	429	1,760
Hart Private Hospital◊...	Gen	Indiv	60	33	25	No	200	973
House of the Good Samaritan ..Cardiac-Cancer		Indep	75	68	..	Yes	...	278
Infants' Hospital✦.....	Chil	Indep	27	46	38	No	...	948
Jackson Memorial-Boston Floating Hospital✦■	Chil	Indep	48	New	..	...	...	48
Long Island Hospital✦◊■	Gen	City	535	456	15	Yes	26	1,608
MacLeod Hospital	Gen	Indep	25	20	5	No	19	545
Massachusetts Eye and Ear Infirmary✦■	EENT	Indep	219	135	12	Yes	...	7,720
Massachusetts General Hospital✦◊■	Gen	Indep	405	381	..	Yes	...	7,200
Massachusetts General Hospital (The Baker Memorial)	Gen	Indep	193	89	31	Yes	40	1,973
Massachusetts Memorial Hospitals✦◊■	Gen	Indep	513	329	91	Yes	1,385	9,125
Massachusetts Women's Hospital◊	Gen	Indep	62	37	20	No	396	1,109
New England Baptist Hospital◊■	Gen	Indep	150	111	25	No	228	4,174
New England Deaconess Hospital✦◊■	Gen	Church	265	229	..	Yes	1	5,957
New England Hospital for Women and Children✦◊■	Gen	Indep	185	105	75	Yes	1,152	2,806
Peter Bent Brigham Hospital✦✦◊■	Gen	Indep	247	213	..	Yes	...	4,121
Riverbank Hospital	Gen	Indiv	32	9	6	No	37	317
Robert Breck Brigham Hospital■	Gen	Indep	115	94	..	No	...	466
Roxbury Hospital■	Gen	Church	24	14	7	Yes	87	753

Key to symbols and abbreviations is on page 2078

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Elizabeth's Hosp.*◊	Gen	Church	250	187	50	Yes	1,030	5,174
St. Margaret's Hospital◊	Gen	Church	48	44	32	No	609	1,159
St. Mary's Infant Asylum and Lying-In Hospital	Gen	Church	52	28	12	No	154	430
South Department for Infectious Diseases of the Boston City Hospital■	Iso	City	335	181	..	No	1	1,925
Strong Hospital	Gen	Indiv	22	14	14	No	125	850
Dr. Taylor's Private Hosp.	N&M	Indiv	18	6	..	No	...	374
Vincent Memorial Hosp.■	Gen	Indep	22	13	..	No	...	.....
Braintree, 15,712—Norfolk Co.								
Norfolk County Hospital■	TB	County	134	129	..	No	2	130
Bridgewater, 9,055—Plymouth Co.								
Bridgewater State Hosp.	N&M	State	985	945	..	No	...	82
Brockton, 63,797—Plymouth Co.								
Brockton Hospital*◊■	Gen	Indep	131	87	27	Yes	342	2,371
Ducy Hospital	Gen	Indiv	12	5	4	No	25	...
Goddard Hospital◊■	Gen	Indep	60	46	15	Yes	357	1,737
Moore Hospital	Gen	Indep	25	14	9	No	72	620
Brookline, 47,490—Norfolk Co.								
Bournewood Hospital	N&M	Indiv	17	12	..	No	...	.....
Brookline General Hosp.■	Gen	Indep	40	20	12	No	45	405
Brooks Hospital	Gen	Indep	45	34	..	No	...	1,042
Corey Hill Hospital	Gen	Indep	50	35	..	No	...	523
Free Hospital for Women■	Gen	Indep	97	70	..	Yes	...	2,039
Trumbull Hospital	Gen	Indep	47	35	..	No	...	1,127
Cambridge, 113,643—Middlesex Co.								
Cambridge City Hosp.◊■	Gen	City	114	87	30	Yes	422	2,297
Cambridge Hospital*◊■	Gen	Indep	250	116	50	Yes	758	4,938
Cambridge Relief Hosp.■	Gen	Indep	40	30	4	Yes	22	675
Cambridge Sanatorium■	TB	City	85	79	..	No	...	195
Charlesgate Hospital◊	Gen	Indep	85	...	..	No	...	.....
Chester Hospital◊	Gen	Indep	50	35	20	No	406	1,015
Canton, 5,816—Norfolk Co.								
Massachusetts Hospital School■	Ortho	State	350	283	..	No	...	.....
Chelsea, 45,816—Suffolk Co.								
Chelsea Memorial Hosp.◊■	Gen	Indep	85	76	25	Yes	539	2,511
U. S. Marine Hospital■	Gen	USPHS	167	156	..	Yes	...	1,867
U. S. Naval Hospital*	Gen	Navy	853	448	..	No	...	6,283
Chicopee, 43,930—Hampden Co.								
Health Department Hosp.	TB	City	30	22	..	No	...	40
Clinton, 12,817—Worcester Co.								
Carter Memorial Hospital (Included in Clinton Hospital)								
Clinton Hospital◊	Gen	Indep	67	22	20	Yes	204	974
Cohasset, 3,083—Norfolk Co.								
Cohasset Private Hosp.	Gen	Indiv	20	8	8	No	80	330
Concord, 7,477—Middlesex Co.								
Emerson Hospital■	Gen	Indep	36	20	12	No	185	747
Danvers, 12,957—Essex Co.								
Danvers State Hospital◊	N&M	State	2,050	2,035	..	Yes	...	860
Hunt Memorial Hospital■	Gen	City	17	11	5	Yes	72	366
Everett, 48,424—Middlesex Co.								
Everett Cottage Hospital or Whidden Mem. Hosp.◊■	Gen	Indep	116	31	13	No	217	1,203
Fall River, 115,274—Bristol Co.								
Fall River General Hosp.*◊	Gen	Iso	City	271	226	24	Yes	467	3,906
St. Anne's Hospital◊■	Gen	Church	90	45	26	Yes	209	1,281
Truesdale Hospital*◊■	Gen	Indep	115	67	10	No	169	2,212
Union Hospital*◊	Gen	Indep	150	82	25	Yes	593	2,191
Fitchburg, 40,692—Worcester Co.								
Burbank Hospital*◊	Gen	City	189	143	22	Yes	402	3,189
Forest Hills, (Boston P.O.)—Suffolk Co.								
Forest Hills Hospital	Gen	Indep	115	95	35	No	558	2,551
Foxboro, 5,347—Norfolk Co.								
Foxboro State Hospital	N&M	State	1,000	1,056	..	Yes	...	248
Framingham, 22,210—Middlesex Co.								
Framingham Union Hosp.◊■	Gen	Indep	130	82	30	No	442	3,562
Gardner, 19,396—Worcester Co.								
Gardner State Colony*†	N&M	State	1,300	1,300	..	Yes	...	198
Henry Heywood Memorial Hospital◊	Gen	Indep	77	41	19	Yes	242	1,487
Gloucester, 24,294—Essex Co.								
Addison Gilbert Hospital◊■	Gen	Indep	50	42	15	Yes	260	1,541
Great Barrington, 5,934—Berkshire Co.								
Fairview Hospital	Gen	Indep	50	20	15	Yes	83	482
Greenfield, 15,540—Franklin Co.								
Franklin County Public Hospital◊	Gen	Indep	88	50	18	Yes	211	1,105
Groton, 2,434—Middlesex Co.								
Groton General Hospital■	Gen	Indiv	15	6	4	No	11	169
Haverhill, 48,710—Essex Co.								
General Stephen Henry Gale Hospital◊	Gen	City	107	75	18	No	289	2,557
Hale Hospital◊■	Gen	City	69	31	9	No	114	782
Haydenville, 1,300—Hampshire Co.								
Hampshire County Sanat.■	TB	County	100	84	..	Yes	...	122
Holbrook, 3,535—Norfolk Co.								
Elmhurst Sanitarium	N&M	Indiv	15	12	..	No	...	.....
Holden, 3,871—Worcester Co.								
Holden District Hospital■	Gen	Indep	26	21	6	No	85	626
Holyoke, 56,537—Hampden Co.								
Holyoke Hospital◊■	Gen	Indep	130	76	20	Yes	295	2,077
Holyoke Tuber. Sanatorium	TB	City	56	32	..	Yes	...	35
Providence Hospital◊	Gen	Church	120	99	25	No	409	3,777
Hyannis, 1,800—Barnstable Co.								
Cape Cod Hospital■	Gen	Indep	45	30	12	Yes	171	835
Ipswich, 5,709—Essex Co.								
Benjamin Stickney Cable Memorial Hospital■	Gen	Indep	25	15	7	No	97	359
Lawrence, 85,068—Essex Co.								
Clover Hill Hospital	Gen	Indep	25	13	8	No	96	525
Lawrence General Hosp.*◊■	Gen	Indep	127	87	20	Yes	325	2,770
Lawrence Municipal Hosp.■	Gen	City	60	50	4	Yes	...	.....
Leominster, 21,810—Worcester Co.								
Leominster Hospital◊■	Gen	Indep	61	31	12	Yes	156	1,117

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Lowell, 100,234—Middlesex Co.								
Lowell General Hosp.*◊	Gen	Indep	150	66	30	Yes	258	2,604
Lowell Tuber. Hospital or Lowell Isolation Hosp.	TB,Iso	City	84	56	..	No	...	.....
St. John's Hospital*◊■	Gen	Church	133	88	24	Yes	338	3,205
St. Joseph's Hospital◊■	Gen	Church	95	70	13	Yes	296	2,156
Shaw Hospital■	Gen	Indiv	18	12	8	No	58	150
Ludlow, 8,876—Hampden Co.								
Ludlow Hospital■	Gen	Indep	29	15	11	No	106	456
Lynn, 102,320—Essex Co.								
Lynn Hospital*◊■	Gen	Indep	157	118	46	Yes	700	4,751
Union Hospital◊■	Gen	Indep	65	37	25	No	432	1,383
Malden, 58,036—Middlesex Co.								
Malden Hospital◊■	Gen	Indep	92	72	26	No	448	2,757
Marblehead, 8,668—Essex Co.								
Mary A. Alley Emergency Hospital	Gen	City	15	10	8	No	63	374
Marlboro, 15,587—Middlesex Co.								
Marlboro Hospital■	Gen	Indep	59	33	22	No	234	1,150
Medfield, 4,066—Norfolk Co.								
Medfield State Hospital◊	N&M	State	1,800	1,785	..	Yes	...	287
Medford, 59,714—Middlesex Co.								
Lawrence Memorial Hosp.◊■	Gen	Indep	105	56	34	No	777	2,075
Melrose, 23,170—Middlesex Co.								
Melrose Hospital◊■	Gen	Indep	104	64	28	Yes	495	2,001
New England Sanitarium and Hospital*◊	Gen	Indep	141	104	16	Yes	258	1,564
Reeves' Sanatorium	N&M	Indiv	14	8	..	No	...	.....
Methuen, 21,069—Essex Co.								
Mary E. Barr Sanitarium	Surg	Indiv	25	8	..	No	...	.....
Middleboro, 8,608—Plymouth Co.								
Lakeville State Sanat.■	TB	State	304	233	..	Yes	...	165
St. Luke's Hospital■	Gen	Indep	23	14	8	No	103	396
Middleton, 1,712—Essex Co.								
Essex Sanatorium◊■	TB	County	360	293	..	Yes	...	298
Milford, 14,741—Worcester Co.								
Milford Hospital◊	Gen	Indep	45	40	10	No	240	1,668
Milton, 16,434—Norfolk Co.								
Milton Hospital■	Gen	Indep	25	16	12	Yes	116	515
Montague City, 761—Franklin Co.								
Farren Memorial Hosp.◊	Gen	Church	80	30	12	No	106	1,137
Nantucket, 3,678—Nantucket Co.								
Nantucket Cottage Hosp.■	Gen	Cy&Co	19	9	5	Yes	62	362
Natick, 13,589—Middlesex Co.								
Leonard Morse Hospital◊■	Gen	City	43	33	14	No	233	1,015
Needham, 10,848—Norfolk Co.								
Glover Memorial Hospital	Gen	City	11	4	5	No	...	.....
New Bedford, 112,597—Bristol Co.								
St. Luke's Hospital*◊■	Gen	Indep	285	200	45	Yes	634	5,084
Sassaquin Sanatorium■	TB	Indep	118	111	..	No	...	101
Union Hospital	Gen	Indiv	32	26	6	Yes	22	910
Newburyport, 15,084—Essex Co.								
Anna Jaques Hospital◊	Gen	Indep	50	32	10	Yes	170	852
Newburyport Homeopathic Hospital	Gen	Indep	25	9	8	No	54	277
Newton, 65,276—Middlesex Co.								
Newton Hospital*◊■	Gen	Indep	244	146	46	Yes	602	3,936
North Adams, 21,621—Berkshire Co.								
North Adams Hospital◊	Gen	Indep	100	50	19	Yes	252	1,347
Dr. Vrooman's Sanitarium	Dr&Al	Indiv	17	...	..	No	...	.....
Northampton, 24,381—Hampshire Co.								
Cooley Dickinson Hosp.◊	Gen	Indep	128	75	24	Yes	322	2,419
Northampton State Hosp.	N&M	State	1,620	1,564	..	Yes	...	519
Veterans Admin. Hospital	N&M	VetAd	555	546	..	No	...	40
North Dighton, 1,220—Bristol Co.								
Mt. Hope Hospital	Gen	Indus	15	5	7	No	44	126
North Grafton, 2,240—Worcester Co.								
Grafton State Hospital◊	N&M	State	1,152	1,416	..	Yes	...	125
North Reading, 1,945—Middlesex Co.								
North Reading State Sanatorium■	TB	State	297	226	..	Yes	...	296
Norwood, 15,049—Norfolk Co.								
Norwood Hospital■	Gen	Indep	80	52	20	Yes	399	1,915
Oak Bluffs, 1,333—Dukes Co.								
Martha's Vineyard Hosp.■	Gen	Indep	26	5	10	No	54	327
Palmer, 9,577—Hampden Co.								
Monson State Hospital◊	Epil	State	1,197	1,316	..	Yes	...	232
Wing Memorial Hospital■	Gen	Indep	29	13	8	No	76	724
Peabody, 21,345—Essex Co.								
Josiah B. Thomas Hosp.◊■	Gen	City	40	29	10	No	199	827
Pittsfield, 49,677—Berkshire Co.								
Hillcrest Hospital◊	Gen	Indep	42	38	10	Yes	155	947
House of Mercy Hosp.*◊■	Gen	Indep	190	85	32	Yes	460	2,833
St. Luke's Hospital◊■	Gen	Church	127	91	29	Yes	439	3,399
Plymouth, 13,042—Plymouth Co.								
Jordan Hospital◊■	Gen	Indep	66	30	10	Yes	159	836
Pocasset, 395—Barnstable Co.								
Barnstable County Sanat.■	TB	County	38	26	..	Yes	...	132
Quincy, 71,983—Norfolk Co.								
Quincy City Hospital◊■	Gen	City	206	107	54	No	696	4,108
Dr. Reynolds Private Hosp.	Gen	Indiv	25	14	12	Yes	70	200
Whitehouse Maternity Hospital	Mater	Indiv	12	6	12	No	72	72
Rutland, 2,442—Worcester Co.								
Central New England Sanatorium■	TB	Indep	100	98	..	Yes	...	141
Rutland State Sanat.◊■	TB	State	370	363	..	Yes	...	277
Rutland Heights,—Worcester Co.								
Veterans Admin. Hospital	TB	VetAd	420	403	..	Yes	...	.....
Salem, 43,353—Essex Co.								
North Shore Babies Hosp.■	Chil	Indep	50	32	..	No	...	337
Salem Hospital*◊■	Gen	Indep	150	121	30	Yes	445	3,301
Sharon, 3,351—Norfolk Co.								
Balfour Sanatorium	TB	Indiv	20	12	..	...	...	.....
Sharon Sanatorium	TB	Indep	51	45	..	No	...	.....

Key to symbols and abbreviations is on page 2078

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MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Somerville, 103,908—Middlesex Co.								
Central Hospital	Gen	Indiv	50	23	25	Yes	260	.....
Chandler Street Hospital	Gen	Indiv	15	7	10	No	84	169
Somerville Hospital◊■	Gen	Indep	61	49	19	Yes	239	1,638
Southbridge, 14,204—Worcester Co.								
Harrington Mem. Hosp.■	Gen	Indep	39	18	7	No	52	356
South Dartmouth, 1,815—Bristol Co.								
Sol-e-Mar Orthopedic Hospital for Children	Ortho	Indep	100	47	..	No	...	32
South Hanson, 831—Plymouth Co.								
Plymouth County Hosp.■	TB	County	140	113	..	No	...	102
Springfield, 149,900—Hampden Co.								
City Hospital■	Gen	City	113	110	18	No	69	420
Health Dept. Hospital	TB,Iso	City	178	110	..	No	...	209
Mercy Hospital•◊■	Gen	Church	300	196	50	Yes	1,692	6,974
Shriners' Hospital for Crippled Children	Ortho	Frat	60	63	..	Yes	...	280
Springfield Hospital•◊■	Gen	Indep	171	133	..	Yes	4	4,583
Wesson Maternity Hosp.	Mater	Indep	51	41	60	Yes	1,155	1,204
Wesson Memorial Hosp.◊■	Gen	Indep	120	68	11	Yes	...	2,456
Stockbridge, 1,762—Berkshire Co.								
Austen Riggs Foundation.	N&M	Indep	45	38	..	Yes	...	315
Taunton, 37,355—Bristol Co.								
Morton Hospital◊	Gen	Indep	75	35	12	Yes	219	1,555
Taunton State Hospital•◊	N&M	State	1,525	1,490	..	Yes	...	582
Tewksbury, 5,585—Middlesex Co.								
State Infirmary◊■	Gen	State	2,800	2,917	40	No	139	3,542
Vineyard Haven, 1,500—Dukes Co.								
U. S. Marine Hospital■	Gen	USPHS	28	30	..	Yes	...	186
Waltham, 39,247—Middlesex Co.								
Dr. Cousens' Hospital	Gen	Indiv	12	4	4	No	...	.....
Metropolitan State Hosp.	N&M	State	1,248	896	..	No	...	1,183
Middlsex County Sanat.	TB	County	225	New	..	Yes	...	.....
Waltham Hospital•◊■	Gen	Indep	163	85	53	Yes	522	2,505
Ware, 7,385—Hampshire Co.								
Mary Lane Hospital	Gen	Indep	34	20	12	No	224	514
Webster, 12,992—Worcester Co.								
Webster District Hospital■	Gen	Indep	20	15	7	No	66	558
Wellesley, 11,439—Norfolk Co.								
Channing Sanitarium	N&M	Indep	34	33	..	No	...	23
Wiswall Sanatorium	N&M	Indep	32	26	..	No	...	15
Westboro, 6,409—Worcester Co.								
Westboro State Hospital◊	N&M	State	1,468	1,421	..	Yes	...	477
Westfield, 19,775—Hampden Co.								
Noble Hospital◊■	Gen	Indep	90	43	17	No	176	1,380
Westfield State Sanat.•■	TB	State	300	281	..	Yes	...	210
Westwood, 2,097—Norfolk Co.								
Westwood Lodge	N&M	Indep	21	18	..	No	...	31
Weymouth, 20,882—Norfolk Co.								
Weymouth Hospital■	Gen	Indep	42	30	18	No	263	1,208
Whitinsville, 6,090—Worcester Co.								
Whitinsville Hospital	Gen	Indus	15	11	7	No	116	680
Winchendon, 6,302—Worcester Co.								
Millers River Hospital◊	Gen	Indep	25	15	6	No	54	577
Winchester, 12,719—Middlesex Co.								
Winchester Hospital◊■	Gen	Indep	65	36	20	No	227	1,286
Winthrop, 16,852—Suffolk Co.								
Station Hospital■	Gen	Army	120	38	8	Yes	56	597
Winthrop Community Hospital	Gen	Indep	26	21	12	No	...	.....
Woburn, 19,454—Middlesex Co.								
Charles Choate Memorial Hospital◊■	Gen	Indep	43	26	18	Yes	296	941
Worcester, 195,311—Worcester Co.								
Belmont Hospital•■	TB,Iso	City	210	115	..	Yes	...	928
Fairlawn Hospital	Gen	Indep	45	28	16	No	217	836
Harvard Private Hospital	Gen	Indep	20	15	7	Yes	60	359
Herbert Hall Hospital	N&M	Indep	25	15	..	No	...	.....
Louis Pasteur Hospital■	Gen	Indep	30	6	6	No	39	295
Memorial Hospital•◊■	Gen	Indep	185	125	30	Yes	596	4,750
St. Vincent Hospital•◊■	Gen	Church	250	189	27	No	391	4,641
Worcester City Hosp.•◊■	Gen	City	360	319	40	Yes	647	7,345
Worcester Hahnemann Hospital◊■	Gen	Indep	111	61	29	No	497	1,844
Worcester State Hospital◊	N&M	State	2,175	2,270	6	Yes	...	786
Wrentham, 3,584—Norfolk Co.								
Pondville Hospital•■	Cancer	State	115	100	..	Yes	...	651
Related Institutions								
Acushnet, 4,092—Bristol Co.								
Ashley Sanitarium	Inst	Indiv	15	11	..	No	...	41
Allerton, 800—Plymouth Co.								
Sturgis Hospital	Gen	Indiv	14	6	2	Yes	...	.....
Sylvester Hospital■	Gen	Indiv	15	8	3	No	2	35
Amherst, 5,888—Hampshire Co.								
Pratt Health Cottage■	Inst	Indep	15	3	..	No	...	270
Andover, 5,969—Essex Co.								
Isham Infirmary	Inst	Indep	36	3	..	...	...	.....
Arlington, 36,094—Middlesex Co.								
Walnut Street Hospital	Mater	Indiv	11	3	8	...	118	.....
Baldwinsville, 2,360—Worcester Co.								
Hospital Cottages for Children■	Chil	Indep	125	93	..	No	...	44
Belchertown, 3,139—Hampshire Co.								
Belchertown State School.	MenDef	State	2,000	1,504	..	Yes	...	211
Boston, 781,188—Suffolk Co.								
Boston Home for Incur. Convalescent Home of the Boston City Hospital■	Incur	Indep	58	58	..	No	...	12
Deer Island Hospital■	Conv	City	34	15	..	No	...	347
Detention Hospital■	Inst	Cy&Co	24	20	..	Yes	...	.....
Dorchester Cottage Hosp.	Iso	City	51	3	4	No	...	15
Dudley Hospital	Gen	Indep	12	5	8	No	105	180
East Boston Relief Station of the Boston City Hospital■	Gen	Indiv	12	7	3	No	55	156
	Emerg	City	11	1	1	Yes	1	209

MASSACHUSETTS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Eliot Hospital	Gen	Indep	30	10	..	No	...	500
Florence Crittenton Home and Hospital■	Mater	Indep	24	16	28	No	95	95
Haymarket Square Relief Station of the Boston City Hospital■	Emerg	City	29	8	..	Yes	2	2,270
Home for Jewish Children	Inst	Indep	12	2	..	No	...	14
Massachusetts State Prison Hospital■	Inst	State	40	10	..	Yes	...	213
New England Home for Little Wanderers	Inst	Indep	20	20	6	No	...	.....
Prendergast Preventorium■	TB	Indep	100	50	..	No	...	187
Riley Private Hospital	Gen	Indiv	19	10	10	No	...	.....
St. Luke's Home for Convalescents	Conv	Church	25	15	..	...	...	317
Talitha Cumi Maternity Home and Hospital	Mater	Indep	16	8	16	No	67	67
Washingtonian Home	Alcohol	Indep	35	10	..	No	...	241
Braintree, 15,712—Norfolk Co.								
Braintree Cottage Hosp.	Mater	Indiv	6	1	6	No	82	82
Brookline, 47,490—Norfolk Co.								
Board of Health Hospital	TB,Iso	City	50	23	..	No	...	122
Bosworth Hospital	Gen	Indiv	20	6	..	...	...	.....
Channing Home	TB	Indep	24	22	..	No	...	44
Cambridge, 113,643—Middlesex Co.								
Holy Ghost Hospital for Incurables■	Incur	Church	215	210	..	No	...	209
Homberg Mem. Infirmary	Inst	Indep	26	8	..	Yes	...	.....
Camp Devens,—Middlesex Co.								
Station Hospital	Gen	Army	40	New	..	Yes	...	.....
Chelsea, 45,816—Suffolk Co.								
Soldiers' Home◊■▲	Inst	Indep	235	192	..	Yes	...	1,169
Dracut, 6,912—Middlesex Co.								
Blanchard Private Hosp.	Mater	Indiv	8	3	6	No	34	48
Egypt, 340—Plymouth Co.								
Children's Sunlight Hosp.	Conv	Indep	75	67	..	No	...	7,563
Framingham, 22,210—Middlesex Co.								
Reformatory for Women.	Inst	State	60	19	..	No	...	537
Woodside Cottages	Conv	Indep	16	9	..	No	...	23
Greenfield, 15,500—Franklin Co.								
Greenfield Isolation Hosp.■	Iso	City	20	2	..	...	...	65
Haverhill, 48,710—Essex Co.								
Benson Hospital	Gen	Indiv	10	6	2	No	6	.....
Haverhill Infirmary	Chron	City	60	55	..	No	...	115
Holyoke, 56,537—Hampden Co.								
Carpenter Isolation Hosp.	Iso	City	20	3	..	No	...	96
Holyoke Surgical Hospital	Gen	Part	12	...	..	No	...	.....
Lancaster, 2,897—Worcester Co.								
Industrial School for Girls	Inst	State	19	...	..	Yes	...	.....
Lowell, 100,234—Middlesex Co.								
Chelmsford Street Hosp.■	Inst	City	135	122	3	No	3	.....
Malden, 58,036—Middlesex Co.								
Malden Contagious Hosp.■	Iso	City	40	2	..	No	...	.....
Marblehead, 5,668—Essex Co.								
Children's Island Sanit.■	Conv	Indep	94	94	..	No	...	104
Medford, 59,714—Middlesex Co.								
Dearborn Hospital	Chron	Indiv	25	15	..	No	...	.....
Medford Hospital	Gen	Indiv	20	5	..	No	...	.....
Methuen, 21,069—Essex Co.								
Henry C. Nevins Home for Aged and Incurables	Incur	Indep	32	25	..	No	...	.....
Newton, 65,276—Middlesex Co.								
New England Peabody Home for Crippled Chil.	Ortho	Indep	115	115	..	No	...	.....
Woodlawn Sanitarium	Epil	Indiv	11	10	..	No	...	.....
Pittsfield, 49,677—Berkshire Co.								
Pittsfield Anti-Tuber. Assn. Hospital and Coolidge Memorial Home	TB	Indep	14	12	..	No	...	13
Rutland, 2,442—Worcester Co.								
Summit House	TB	Indiv	35	25	..	No	...	29
Wachusett Cottage	TB	Indiv	15	8	..	No	...	.....
Salem, 43,353—Essex Co.								
Health Dept. Hospital for Contagious Diseases	Iso	City	60	25	..	No	...	.....
Shirley, 2,427—Middlesex Co.								
Industrial School for Boys■	Inst	State	28	7	..	Yes	...	387
Somerville, 103,908—Middlesex Co.								
City of Somerville Contagious Diseases Hospital■	Iso	City	40	17	..	Yes	...	302
Springfield, 149,900—Hampden Co.								
Buscall Nursing Home	Conv	Part	25	15	..	No	...	37
Hampden County Children's Preventorium■	Conv	Indep	176	176	..	No	...	40
Swampscott, 10,346—Essex Co.								
Florence Crittenton Hope Cottage and Hospital■	Mater	Indep	11	7	15	No	151	170
Waltham, 39,247—Middlesex Co.								
Teresian Lying-In Hosp.	Mater	Indiv	10	6	6	No	43	67
Walter E. Fernald State School	MenDef	State	1,450	1,652	..	Yes	...	198
Waltham Baby Hospital■	Chil	Indep	None	4	22	Yes	...	49
Watertown, 34,913—Middlesex Co.								
Watertown Hospital	Gen	Indiv	8	4	..	Yes	...	.....
Wellesley, 11,439—Norfolk Co.								
Cedar Lodge	Conv	Indiv	8	4	..	No	...	.....
Convalescent Home of the Children's Hospital	Gen	Indep	83	62	..	No	...	.....
Simpson Infirmary of Wellesley College■	Inst	Indep	20	7	..	Yes	...	442
Westboro, 6,409—Worcester Co.								
Lyman School Hospital■	Inst	State	31	6	..	Yes	...	380
West Concord, 1,851—Middlesex Co.								
Massachusetts Reformatory Hospital■	Inst	State	50	2	..	Yes	...	382

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MASSACHUSETTS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
West Pittsfield, (Pittsfield P.O.)—Berkshire Co.								
Frederick S. Coolidge Memorial Home	TB	Indep	8	6	..	No	...	9
West Rutland, 315—Worcester Co.								
Prison Camp and Hospital	TB	State	40	28	..	No	...	.....
Williamstown, 3,900—Berkshire Co.								
Williams College Infirm.	Inst	Indep	21	3	..	No	...	191
Worcester, 195,311—Worcester Co.								
Maple Hall Sanitarium	Conv	Part	15	12	..	No	...	.....
Wrentham, 3,584—Norfolk Co.								
Wrentham State School	MenDef	State	1,643	1,621	..	No	...	171

Summary for Massachusetts:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	220	47,480	38,753	314,569
Related institutions	75	6,824	5,864	17,967
Totals	295	54,304	44,617	332,536
Refused registration	10	307		

MICHIGAN

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Adrian, 13,064—Lenawee Co.								
Emma L. Bixby Hospital■	Gen	City	33	24	10	No	150	832
Lenawee Co. Tuber. Sanat.■	TB	County	25	17	..	No	...	20
Albion, 8,324—Calhoun Co.								
James W. Sheldon Memorial Hospital◊	Gen	City	40	18	10	No	49	722
Allegan, 3,041—Allegan Co.								
Emergency Hospital	Gen	Part	14	4	6	No	38	190
Alma, 6,734—Gratiot Co.								
Gratiot General Hospital■	Gen	Indep	19	7	4	No	21	218
Alpena, 12,166—Alpena Co.								
Donald McRae Hospital	Gen	Indep	23	13	5	No	25	459
Ann Arbor, 26,944—Washtenaw Co.								
Ann Arbor Private Hosp.	Gen	Indiv	10	4	4	No	48	104
Cowie Hospital	Gen	Indiv	12	4	1	Yes	...	286
Merrywood Sanitarium	N&M	Church	50	30	..	No	...	.....
St. Joseph's Mercy Hospital*◊■▲	Gen	Church	115	104	15	Yes	249	2,836
State Psychopathic Hosp. at the Univ. of Michigan*	N&M	State	64	61	..	Yes	...	215
University Hospital*•◊■	Gen	State	1,235	1,129	34	Yes	198	21,552
Bad Axe, 2,332—Huron Co.								
Hubbard Memorial Hosp.■	Gen	County	28	19	7	No	58	382
Battle Creek, 43,573—Calhoun Co.								
American Legion Hosp.•■	TB	State	400	324	..	No	...	302
Battle Creek Sanit.◊■▲	Gen	Indep	1,000	315	13	Yes	203	8,374
Calhoun County Public Hospital■	TB	County	75	64	..	Yes	...	111
Leila Y. Post Montgomery Hospital*◊	Gen	Church	180	90	20	Yes	163	2,398
Nichols Memorial Hosp.◊■	Gen	Indep	87	54	13	No	319	2,749
Bay City, 47,355—Bay Co.								
Bay City General Hospital	Gen	City	22	18	6	No	34	555
Bay City Samaritan Hosp.■	Gen	Indep	40	26	3	No	24	905
Mercy Hospital*◊■	Gen	Church	144	76	16	Yes	272	2,179
Benton Harbor, 15,454—Berrien Co.								
Benton Harbor Hospital◊■	Gen	Indep	40	27	10	No	161	982
Big Rapids, 4,671—Mecosta Co.								
Community Hospital■	Gen	City	13	9	4	No	58	510
Brighton, 1,287—Livingston Co.								
Mellus Hospital	Gen	Indiv	13	7	4	No	35	250
Byron Center, 320—Kent Co.								
Christian Psychopathic Hospital	N&M	Church	225	200	..	No	...	92
Cadillac, 9,570—Wexford Co.								
Mercy Hospital◊■	Gen	Church	38	27	6	No	53	928
Wexford County Hosp.■	Gen	County	19	15	..	No	...	50
Calumet, 1,557—Houghton Co.								
Calumet & Hecla Hospital	Indus	Indus	25	19	..	Yes	...	722
Camp Custer,—Kalamazoo Co.								
Veterans Admin. Hospital	N&M	VetAd	636	605	..	No	...	125
Caro, 2,554—Tuscola Co.								
Caro Community Hosp.■	Gen	City	20	8	2	No	6	270
Caro Community Hosp.■	Gen	City	20	8	2	No	6	270
McCutcheon Hospital■	Gen	Part	10	5	5	No	17	178
Charlevoix, 2,247—Charlevoix Co.								
Charlevoix Hospital	Gen	City	25	8	7	No	48	236
Coldwater, 6,735—Branch Co.								
Wade Memorial Hospital■	Gen	Indiv	25	12	5	No	34	437
Crystal Falls, 2,995—Iron Co.								
Crystal Falls Gen. Hosp.■	Gen	Indiv	14	5	2	Yes	16	194
Dearborn, 50,358—Wayne Co.								
St. Joseph's Retreat	N&M	Church	400	373	..	No	...	250
Detroit, 1,568,662—Wayne Co.								
Cass Central Hospital	Gen	Indiv	12	3	4	No	21	166
Charles Godwin Jennings Hospital	Gen	Indep	66	20	6	No	25	864
Children's Hospital•◊■	Chil	Indep	239	229	..	Yes	...	5,789
City of Detroit Receiving Hospital*•■▲	Gen	City	650	724	7	Yes	10	18,262
City of Detroit Receiving Hosp. (Redford Branch)	Gen	City	49	38	..	Yes	6	1,791
Delray Industrial Hosp.■	Gen	Indus	77	52	15	Yes	204	2,100
Detroit Eye, Ear, Nose and Throat Hospital■	EENT	Indiv	150	86	..	Yes	...	3,173
Detroit Tuberculosis Sanat.	TB	Indep	150	143	..	No	...	143

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Dunbar Memorial Hospital (col.)	Gen	Indep	67	55	7	No	71	2,463
East Side Hospital	Gen	Indiv	65	27	27	No	350	997
Evangelical Deaconess Hospital◊■	Gen	Church	115	72	20	Yes	372	2,915
Fairview Sanat. (col.)	TB	Indep	31	29	..	No	...	.....
Florence Crittenton Hosp.■	Gen	Indep	88	62	55	Yes	1,668	2,283
General Hosp. and Clinic	Gen	Indiv	40	35	2	No	...	.....
Grace Hospital•◊■	Gen	Indep	341	279	74	Yes	1,038	10,206
Harper Hospital•◊■	Gen	Indep	650	419	100	Yes	1,544	16,814
Henry Ford Hosp.•◊■▲	Gen	Indep	526	363	48	Yes	755	10,132
Herman Kiefer Hosp.◊■	GenTB	City	1,235	994	65	Yes	1,868	8,691
Jefferson Clinic and Diagnostic Hospital◊	Gen	Indep	60	30	2	Yes	16	1,344
Lincoln Hospital■	Gen	Indep	90	57	7	Yes	77	1,248
Michigan Mutual Hosp.■	Indus	Indus	35	27	..	Yes	...	984
Miriam Memorial Hospital (Included in Grace Hospital)								
Northwestern Hospital■	Gen	Indep	26	14	6	Yes	48	403
Pingree General Hospital	Gen	Indep	20	10	11	No	97	400
Providence Hospital•◊■	Gen	Church	348	314	102	No	2,236	8,568
St. Joseph's Mercy Hospital◊■	Gen	Church	138	88	32	Yes	669	3,168
St. Mary's Hospital•◊■	Gen	Church	345	307	30	Yes	708	8,855
U. S. Marine Hospital■	Gen	USPHS	132	130	..	Yes	...	1,168
Warren Avenue Diagnostic Hospital■	Gen	Indiv	17	11	3	Yes	12	1,282
West Side Sanitarium	Gen	Indiv	30	15	..	Yes	...	155
Woman's Hospital•◊■	Mater	Indep	216	131	100	Yes	2,153	5,362
Dowagiac, 5,556—Cass Co.								
Lee Memorial Hospital■	Gen	Church	25	15	4	No	42	500
Durand, 3,081—Shiawassee Co.								
Durand Hospital	Gen	Indep	14	6	4	No	50	234
Eaton Rapids, 2,822—Eaton Co.								
Harriet Chapman Hospital	Gen	Indiv	18	7	2	No	28	250
Eloise, 716—Wayne Co.								
Eloise Hospital for Mental Diseases■	N&M	County	2,707	2,412	..	No	...	542
Eloise Infirmary	Gen	County	4,394	2,507	..	Yes	...	2,792
Escanaba, 14,524—Delta Co.								
Laing Hospital	Gen	Indiv	25	10	..	No	...	270
St. Francis Hospital	Gen	Church	100	47	18	No	336	1,720
Flint, 156,492—Genesee Co.								
Hurley Hospital•◊■	Gen	City	375	265	50	Yes	969	9,006
St. Joseph's Hospital■	Gen	Church	42	50	20	No	474	1,300
Women's Hospital■	Gen	Indep	40	24	24	No	493	915
Fremont, 2,157—Newaygo Co.								
Gerber Memorial Hospital■	Gen	City	15	9	5	No	26	408
Goodrich, 324—Genesee Co.								
Goodrich General Hospital	Gen	Indiv	26	16	2	Yes	27	1,034
Grand Haven, 8,345—Ottawa Co.								
Elizabeth Hatton Memorial Hospital■	Gen	Indep	20	10	6	Yes	57	403
Grand Rapids, 168,592—Kent Co.								
Blodgett Memorial Hospital•◊■	Gen	Indep	132	105	18	Yes	425	3,886
Butterworth Hospital•◊■	Gen	Indep	220	120	50	Yes	883	4,482
City General Hospital■	Gen	City	53	35	4	Yes	...	802
Ferguson-Droste-Ferguson Sanitarium■	Proct	Indep	33	17	..	No	...	620
St. Mary's Hospital•◊■	Gen	Church	218	126	35	Yes	819	5,977
Sunshine Sanatorium•■	TB	City	145	134	..	Yes	...	161
Grayling, 1,973—Crawford Co.								
Mercy Hospital◊	Gen	Church	30	9	8	No	22	415
Greenville, 4,730—Montcalm Co.								
United Memorial Hospital■	Gen	Indep	19	10	6	No	32	380
Grosse Pointe, 5,173—Wayne Co.								
Grosse Pointe Hospital	Gen	Indiv	35	8	15	No	298	750
Grosse Pointe Farms (Grosse Pointe P.O.), 3,533—Wayne Co.								
Cottage Hospital■	Gen	Indep	45	30	13	No	395	1,444
Hamtramck, 56,268—Wayne Co.								
Hamtramck Municipal Hospital■	Gen	City	45	25	6	No	46	1,544
Hancock, 3,795—Houghton Co.								
St. Joseph's Hospital◊	Gen	Church	60	52	8	No	95	1,326
Harbor Beach, 1,802—Huron Co.								
Harbor Beach Hospital	Gen	Indus	20	2	3	No	15	172
Hart, 1,690—Oceana Co.								
Oceana Hospital■	Gen	Indep	20	12	6	No	68	450
Hastings, 5,227—Barry Co.								
Pennock Hospital■	Gen	Cy&Co	27	10	8	Yes	146	788
Highland Park, 52,959—Wayne Co.								
Highland Park General Hospital◊■	Gen	City	160	109	35	Yes	871	3,727
Hillsdale, 5,896—Hillsdale Co.								
Hillsdale Hospital	Gen	City	18	9	3	No	57	466
Holland, 14,346—Ottawa Co.								
Holland City Hospital	Gen	City	50	24	12	No	189	1,020
Houghton, 3,757—Houghton Co.								
Copper Country Sanat.	TB	County	55	54	..	Yes	...	35
Howell, 3,615—Livingston Co.								
McPherson Memorial Hosp.	Gen	City	25	8	6	No	61	275
Michigan State Sanat.■	TB	State	475	324	..	Yes	...	397
Hudson, 2,361—Lenawee Co.								
Thorn Memorial Hospital■	Gen	City	20	7	4	No	37	195
Ionia, 6,562—Ionia Co.								
Ionia Community Maternity Home and Hospital	Gen	Part	18	6	6	No	50	200
Ionia State Hospital	N&M	State	608	600	..	Yes	...	67
Iron Mountain, 11,652—Dickinson Co.								
Iron Mountain Gen. Hosp.	Gen	City	28	12	9	No	154	638
Ironwood, 14,299—Gogebic Co.								
Grand View Hospital	GenTB	County	110	95	10	Yes	...	1,210
Newport Hospital	Gen	Indus	12	10	3	Yes	63	.....
Twin City Hospital	Gen	Indiv	21	17	3	No	21	464
Ishpeming, 9,258—Marquette Co.								
Ishpeming Hospital	Gen	Indus	37	28	6	No	123	971

Key to symbols and abbreviations is on page 2078

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MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Jackson, 55,187—Jackson Co.								
W. A. Foote Memorial Hospital•◊■	Gen	City	126	92	20	Yes	472	3,870
Jackson County Sanat.■	TB	County	63	48	..	Yes	...	107
Mercy Hospital◊	Gen	Church	100	54	30	No	363	2,896
Kalamazoo, 54,786—Kalamazoo Co.								
Borgess Hospital◊■	Gen	Church	323	110	27	No	393	3,288
Bronson Methodist Hospital◊■	Gen	Church	113	79	30	No	551	3,217
Fairmount Hospital■	TB,Iso	County	170	109	..	Yes	...	405
Kalamazoo State Hosp.•◊	N&M	State	2,768	2,631	..	Yes	...	534
Lake Linden, 1,714—Houghton Co.								
Lake Superior Gen. Hosp.	Gen	Indus	15	7	5	No	32	241
Lakeview, 856—Montcalm Co.								
Kelsey Hospital■	Gen	Indiv	11	5	2	No	9	279
Lansing, 78,394—Ingham Co.								
Edward W. Sparrow Hospital•◊■	Gen	Indep	117	74	28	Yes	360	2,458
Ingham Sanatorium	TB	County	110	39	..	Yes	...	67
St. Lawrence Hospital•◊■	Gen	Church	100	76	28	No	511	3,772
Lapeer, 5,008—Lapeer Co.								
Lapeer City Hospital	Gen	Part	15	6	2	No	...	.....
Laurium, 4,916—Houghton Co.								
Calumet Memorial Hosp.◊	Gen	Indep	25	22	5	No	143	886
Ludington, 4,916—Mason Co.								
Paulina Stearns' Hospital■	Gen	Cy&Co	22	15	3	No	75	491
Manistee, 8,078—Manistee Co.								
Mercy Hosp. and Sanit.◊	Gen	Church	54	24	6	No	50	788
Manistique, 5,198—Schoolcraft Co.								
Shaw Private Hospital	Gen	Indiv	20	12	3	No	38	169
Marenisco, 510—Gogebic Co.								
Charcoal Iron Co. Hosp.■	Indus	Indiv	16	8	..	No	...	216
Marquette, 14,780—Marquette Co.								
Morgan Heights Hosp.•◆■	TB	County	90	83	..	Yes	...	109
St. Luke's Hospital◊	Gen	Indep	68	34	15	No	78	1,414
St. Mary's Hospital■	Gen	Church	60	31	11	No	152	1,136
Marshall, 5,019—Calhoun Co.								
Oak Lawn Hospital■	Gen	Indep	12	7	4	No	72	259
Menominee, 10,320—Menominee Co.								
St. Joseph's Hospital	Gen	Church	60	49	12	No	180	1,950
Mohawk, 1,031—Keweenaw Co.								
Mohawk Mine Hospital	Gen	Indus	18	6	2	No	17	210
Monroe, 18,110—Monroe Co.								
Mercy Hospital■	Gen	Church	58	26	12	No	94	827
Monroe Hospital■	Gen	Indep	38	34	8	Yes	61	1,002
Mt. Clemens, 13,497—Macomb Co.								
St. Joseph's Hospital and Sanitarium◊■	Gen	Church	150	76	12	No	154	2,573
Station Hospital	Gen	Army	35	18	..	No	...	580
Mt. Pleasant, 5,221—Isabella Co.								
Bromdstetters Mem. Hosp.	Gen	Part	15	10	3	Yes	24	329
Munising, 3,956—Alger Co.								
Munising Hospital	Gen	Indep.	18	14	3	No	49	488
Muskegon, 41,390—Muskegon Co.								
Hackley Hospital•◊■	Gen	Indep	108	66	17	No	520	2,357
Mercy Hospital•◊	Gen	Church	124	76	24	Yes	471	2,795
Muskegon County Tuberculosis Sanatorium■	TB	County	70	67	..	Yes	...	143
Negaunee, 6,552—Marquette Co.								
Dr. Robbins' Hospital	Gen	Indiv	20	...	3	Yes	...	.....
Twin City Hospital	Gen	Part	15	7	3	No	...	.....
Newberry, 2,465—Luce Co.								
Newberry State Hospital✦	N&M	State	975	1,149	..	No	...	164
Perry-Spinks Hospital	Gen	Part	15	10	6	No	50	.....
Niles, 11,326—Berrien Co.								
Pawating Hospital■	Gen	Indep	35	19	9	No	141	603
Northville, 2,566—Wayne Co.								
East Lawn Sanatorium	TB	Indiv	76	76	..	No	...	127
Wm. H. Maybury Sanat.✦	TB	City	840	627	..	No	...	510
Norway, 4,016—Dickinson Co.								
Penn Iron Mining Company Hospital	Gen	Indus	13	7	5	No	47	307
Omer, 216—Arenac Co.								
Smith Hospital	Gen	Indiv	12	6	4	No	...	.....
Ontonagon, 1,937—Ontonagon Co.								
Bon Air Sanatorium	TB	County	12	9	..	No	...	.....
Ontonagon Hospital	Gen	Indiv	14	9	..	No	...	155
Oshtemo, 125—Kalamazoo Co.								
Pine Crest Sanatorium	TB	Indep	75	59	..	No	...	93
Owosso, 14,496—Shiawassee Co.								
Memorial Hospital◊■	Gen	Indep	90	63	10	Yes	199	1,710
Petoskey, 5,740—Emmet Co.								
Lockwood Hospital	Gen	City	30	20	6	No	68	411
Petoskey Hospital◊	Gen	Indep	40	26	6	Yes	82	915
Pinckney Sanitarium	Gen	Indiv	10	5	4	No	21	150
Plainwell, 2,279—Allegan Co.								
Wm. Crispe Hospital■	Gen	City	17	7	6	No	...	261
Pompeii, 319—Gratiot Co.								
Pompeii Hospital	Gen	Indiv	16	4	..	No	...	200
Pontiac, 64,928—Oakland Co.								
Oakland County Contagious Hospital■	Iso	County	85	51	..	No	...	999
Oakland Co. Tuber. Sanat.■	TB	County	175	170	..	Yes	...	209
Pontiac City Hospital■	Gen	City	95	48	25	No	240	1,940
Pontiac State Hospital✦	N&M	State	1,752	1,735	..	No	...	164
St. Joseph's Mercy Hosp.◊■	Gen	Church	150	59	15	Yes	199	1,885
Pt. Huron, 31,361—St. Clair Co.								
Pt. Huron Hospital◊	Gen	Indep	50	43	10	No	130	1,572
Powers, 960—Menominee Co.								
Pinecrest Sanatorium	TB	County	100	96	..	Yes	...	124
Reed City, 1,792—Osceola Co.								
Reed City Hospital	Gen	City	10	4	3	No	17	110
Royal Oak, 22,904—Oakland Co.								
Royal Oak Private Hosp.■	Gen	Indiv	19	9	4	No	64	334

MICHIGAN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Saginaw, 80,175—Saginaw Co.								
Saginaw City Hospital■	Gen	City	24	21	5	No	60	271
Saginaw Co. Contag. Hosp.■	Iso	County	75	30	..	No	...	316
Saginaw Co. Tuber. Hosp.	TB	County	26	25	..	No	...	60
Saginaw General Hosp.•◊■	Gen	Indep	133	87	23	Yes	381	2,507
St. Luke's Hospital◊	Gen	Church	50	27	12	No	170	931
St. Mary's Hospital•◊■	Gen	Church	156	84	20	Yes	255	2,651
St. Clair, 3,389—St. Clair Co.								
St. Clair Community Hosp.	Gen	City	12	4	5	No	...	196
St. Johns, 3,929—Clinton Co.								
Clinton Memorial Hosp.■	Gen	Indep	50	15	10	No	72	703
St. Joseph, 8,249—Berrien Co.								
St. Joseph Sanitarium	Gen	Indep	30	13	4	Yes	...	.....
Sandusky, 1,305—Sanilac Co.								
Tweedle Hospital	Gen	Part	10	6	1	No	6	238
Sault Ste. Marie, 13,755—Chippewa Co.								
Chippewa County War Memorial Hospital◊■	Gen	County	61	50	12	No	169	1,753
Station Hospital	Gen	Army	10	8	..	Yes	...	249
South Haven, 4,804—Van Buren Co.								
City Hospital■	Gen	City	30	10	6	No	60	360
Penoyar Memorial Hosp.	Gen	Part	13	8	6	No	31	298
Stambaugh, 2,400—Iron Co.								
General Hospital	Gen	Indus	28	12	6	No	75	480
Sturgis, 6,959—St. Joseph Co.								
Sturgis Memorial Hosp.■	Gen	City	38	15	6	Yes	106	574
Three Rivers, 6,863—St. Joseph Co.								
Three Rivers Hospital	Gen	City	30	11	6	Yes	74	480
Traverse City, 12,559—Grand Traverse Co.								
James Decker Munson Hospital	Gen	State	56	29	11	No	145	1,130
Traverse City State Hospital•◆■	N&M	State	2,300	2,098	..	No	...	224
Trimountain, 2,541—Houghton Co.								
Copper Range Hospital	Gen	Indus	20	9	1	Yes	17	285
Wakefield, 3,677—Gogebic Co.								
Wakefield General Hosp.	Gen	Indus	13	3	5	No	32	135
Wyandotte, 28,308—Wayne Co.								
Wyandotte General Hosp.	Gen	City	65	50	12	Yes	270	3,363
Ypsilanti, 10,143—Washtenaw Co.								
Beyer Memorial Hospital■	Gen	City	35	17	6	No	115	504
Hull Mem. City Hospital	(Contagious Ward of Beyer Mem. Hospital)							
Leland After Cure Farm and Sanatorium	TB	Indep	124	99	..	No	...	140
Ypsilanti State Hospital✦	N&M	State	1,000	New	..	Yes	...	800
Zeeland, 2,850—Ottawa Co.								
Thomas G. Huizinga Memorial Hospital	Gen	Cy&Co	13	5	3	No	35	199
Related Institutions								
Addison, 422—Lenawee Co.								
Addison Community Hosp.■	Gen	Indiv	5	2	2	No	17	123
Alma, 6,734—Gratiot Co.								
Michigan Masonic Home and Hospital	Inst	Frat	50	16	..	Yes	...	93
Charlotte, 5,307—Eaton Co.								
Community Hospital■	Gen	Indep	6	2	2	No	16	100
Coldwater, 6,735—Branch Co.								
Branch County Infirmary and Hospital	Inst	County	12	6	..	No	...	19
State Public School	Inst	State	40	6	..	No	...	614
Detroit, 1,568,662—Wayne Co.								
Boulevard Home Hospital	Mater	Indiv	30	17	3	No	11	70
Fenwood Hospital	Gen	Indiv	7	4	5	No	10	170
Memorial Hospital	Sk&Ca	Indiv	6	1	..	No	...	300
Pennsylvania Ave. Sanit.	N&M	Indiv	10	4	..	No	...	.....
Protestant Orphan Asylum	Inst	Indep	20	3	..	No	...	70
William Booth Mem. Hosp.■	Mater	Church	22	8	26	No	381	393
East Lansing, 4,389—Ingham Co.								
Hospital of Michigan State College of Agriculture and Applied Sciences	Inst	State	35	2	..	Yes	...	384
Farmington, 1,240—Oakland Co.								
Children Hospital■	Conv	Indep	240	234	..	No	...	599
Flint, 156,492—Genesee Co.								
Fisher Body Hospital, Units 1 and 2	Indus	Indus	6	...	..	Yes	...	.....
Genesee County Infirmary■	Inst	County	13	8	..	No	25	385
Michigan School for Deaf■	Inst	State	35	11	..	Yes	...	.....
Grand Rapids, 168,292—Kent Co.								
Holland Union Benevolent Home	Inst	Indep	9	1	..	No	...	40
Kent County Receiving Hospital	N&M	County	40	14	..	No	...	495
Michigan Soldiers' Home Hospital■	Gen	State	270	170	..	No	...	.....
Municipal Isolation Hosp.■	Iso	City	30	11	..	No	...	176
Salvation Army Evangeline Booth Home and Hosp.	Mater	Church	10	4	10	No	100	98
Harrisville, 438—Alcona Co.								
Dr. A. R. Miller's Private Hospital	Gen	Indiv	4	3	1	Yes	3	100
Highland Park, 52,959—Wayne Co.								
Shepard Sanitarium	Gen	Indiv	25	3	..	No	...	2
Ionia, 6,562—Ionia Co.								
Michigan State Reformatory■	Inst	State	75	50	..	No	...	1,500
Iron Mountain, 11,652—Dickinson Co.								
Ford Motor Company Industrial Hospital	Indus	Indus	5	2	..	Yes	...	53
Jackson, 55,187—Jackson Co.								
Jackson County Contagious Hospital■	Iso	Cy&Co	35	8	..	...	...	115
Michigan State Prison Hospital■▲	Inst	State	150	46	..	Yes	...	1,728

Key to symbols and abbreviations is on page 2078

MICHIGAN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Lansing, 78,397—Ingham Co.								
Boys' Vocational School Hospital■	Inst	State	58	12	..	No	...	694
Lansing City Hospital	Iso	City	70	...	..	No	...	.....
Lapeer, 5,008—Lapeer Co.								
Michigan Home and Training School◆	MenDef	State	3,713	3,036	..	No	...	594
Manistique, 5,198—Schoolcraft Co.								
Manistique Hospital	Gen	Indiv	12	5	4	No	12	.....
Marquette, 14,789—Marquette Co.								
Hospital of the State House of Correction▲	Inst	State	24	7	..	No	...	272
Morenci, 1,773—Lenawee Co.								
Hal C. Blair Hospital	Surg	Indiv	5	...	..	No	...	.....
Mt. Clemens, 13,497—Macomb Co.								
Sigma Gamma Convalescent Home for Crippled Chil.	Ortho	Indep	50	48	..	No	...	200
Mt. Pleasant, 5,211—Isabella Co.								
Mt. Pleasant Indian School Hospital	Inst	Indian	31	6	..	Yes	...	288
Nahma, 710—Delta Co.								
Bay View Hospital	Indus	Indiv	11	6	..	No	...	.....
Northville, 2,366—Wayne Co.								
Wayne County Training School	MenDef	County	800	655	..	Yes	...	121
Okemos, 216—Ingham Co.								
Ingham County Infirmary	Inst	County	34	28	..	No	...	.....
Pontiac, 64,928—Oakland Co.								
Oakland County Infirm.■	Inst	County	125	130	8	No	161	450
Pt. Huron, 31,361—St. Clair Co.								
Pt. Huron Emerg. Hosp.	Iso	City	18	6	4	No	...	.....
Rogers City, 3,278—Presque Isle Co.								
Rogers City Hospital	Gen	Indiv	6	2	2	No	6	100
Royal Oak, 22,904—Oakland Co.								
Oakland Maternity Hosp.	Mater	Indiv	10	3	6	No	80	92
Shelby, 1,152—Oceana Co.								
Shelby Community Hosp.	Gen	Indep	9	3	4	No	...	.....
Unionville, 478—Tuscola Co.								
Unionville General Hosp.	Gen	Indiv	7	3	1	No	...	102
Wahlamegs, 111—Tuscola Co.								
Michigan Farm Colony for Epileptics	Epil	State	837	804	..	No	...	106
West Branch, 1,164—Ogemaw Co.								
Tolfree Memorial Hosp.■	Gen	City	15	6	5	No	18	240

Summary for Michigan:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	192	35,931	26,958	293,716
Related institutions	46	7,005	5,384	10,371
Totals	238	42,936	32,342	304,087
Refused registration	17	511		

MINNESOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ada, 1,285—Norman Co.								
Norman Co. Mem. Hosp.	Gen	Indep	10	3	3	No	29	395
Ah-gwah-ching, 45—Cass Co.								
Minnesota State Sanat.	TB	State	315	250	..	No	...	289
Albert Lea, 10,169—Freeborn Co.								
Naeve Hospital■	Gen	Cy&Co	70	40	10	No	282	1,702
Alexandria, 3,876—Douglas Co.								
Douglas County Hospital	Gen	Indep	35	8	5	No	28	359
St. Luke's Hospital■	Gen	Indiv	16	7	3	No	18	264
Anoka, 4,851—Anoka Co.								
Gates' Hospital	Gen	Indiv	14	5	6	No	65	743
Appleton, 1,625—Swift Co.								
Kaufman Hospital	Gen	Indiv	18	9	6	No	26	357
Austin, 12,276—Mower Co.								
St. Olaf Lutheran Hosp.■	Gen	Church	49	23	11	No	249	1,442
Bagley, 885—Clearwater Co.								
Clearwater Hospital	Gen	Indiv	12	5	2	No	18	120
Barrett, 508—Grant Co.								
Powers Hospital	Gen	Indiv	10	3	..	No	...	178
Battle Lake, 552—Otter Tail Co.								
Otter Tail County Sanat.	TB	County	44	40	..	No	...	42
Benidji, 7,202—Beltrami Co.								
Lutheran Hospital	Gen	Indep	28	New	4	No	...	.....
Benson, 2,095—Swift Co.								
Swift County Hospital	Gen	Indep	19	10	5	No	...	508
Biwabik, 1,585—St. Louis Co.								
Biwabik Hospital	Gen	Indiv	10	2	..	No	12	157
Blue Earth, 2,884—Faribault Co.								
Blue Earth Hospital	Gen	Indiv	10	5	4	No	...	.....
Braham, 579—Isanti Co.								
Braham Hospital	Gen	Indiv	12	8	4	No	40	231
Brainerd, 10,221—Crow Wing Co.								
St. Joseph's Hospital	Gen	Church	70	49	15	No	192	2,474
Breckenridge, 2,264—Wilkin Co.								
St. Francis Hospital■	Gen	Church	50	24	8	No	101	861
Buffalo, 1,409—Wright Co.								
Catlin Hospital	Gen	Indiv	12	7	3	No	20	167
Caledonia, 1,554—Houston Co.								
Caledonia Hospital	Gen	Indiv	15	8	8	No	...	.....
Canby, 1,778—Yellow Medicine Co.								
John Swenson Mem. Hosp.	Gen	City	18	6	5	No	34	223
Cannon Falls, 1,358—Goodhue Co.								
Mineral Springs Sanat.	TB	County	100	62	..	No	1	90

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chisholm, 8,308—St. Louis Co.								
Rood Hospital	Gen	Indiv	17	10	5	Yes	33	357
Cloquet, 6,782—Carlton Co.								
Cloquet Hospital	Gen	Indiv	11	3	4	No	27	239
Fond du Lac Indian Hosp.	Gen	Indian	30	17	4	No	...	.....
Ralter Hospital	Gen	Part	28	15	4	No	94	643
Cokato, 1,125—Wright Co.								
Cokato Hospital■	Gen	Indiv	10	6	3	No	50	284
Crookston, 6,321—Polk Co.								
Bethesda Hospital◆	Gen	Church	42	32	8	No	92	973
St. Vincent's Hospital◆■	Gen	Church	44	20	6	No	80	740
Sunnyrest Sanatorium■	TB	County	60	60	..	Yes	...	26
Crosby, 3,451—Crow Wing Co.								
Miner's Hospital■	Gen	Indus	20	8	6	Yes	61	397
Dawson, 1,386—Lac qui Parle Co.								
Dawson Surgical Hosp.◎	Gen	Indep	25	13	4	No	21	365
Deerwood, 552—Crow Wing Co.								
Deerwood Sanatorium■	TB	County	24	23	..	Yes	...	32
Detroit Lakes, 3,675—Becker Co.								
Community Hospital◆	Gen	Indep	19	12	6	No	63	464
Duluth, 101,463—St. Louis Co.								
Duluth Hospital■	Gen	Indiv	20	5	8	No	22	209
St. Luke's Hospital◆◇■	Gen	Indep	237	166	33	Yes	693	5,349
St. Mary's Hospital◆◇■▲	Gen	Church	260	216	30	Yes	596	6,206
Webber Hospital■	Gen	Indiv	36	25	10	No	159	1,190
Ellsworth, 644—Nobles Co.								
Ellsworth Hospital	Gen	Indiv	10	2	3	Yes	15	26
Ely, 6,156—St. Louis Co.								
Shipman Hospital■	Gen	Part	15	5	6	No	28	237
Eveleth, 7,484—St. Louis Co.								
More Hospital■	Gen	Indiv	30	19	8	Yes	93	777
Fairmont, 5,521—Martin Co.								
Fairmont Hospital	Gen	Part	10	4	3	No	19	243
Faribault, 12,767—Rice Co.								
St. Lucas Deaconess Hospital◎■	Gen	Church	54	45	14	No	234	1,173
Farmington, 1,342—Dakota Co.								
Community Hospital■	Gen	Indiv	22	10	4	No	19	332
Fergus Falls, 9,389—Otter Tail Co.								
Fergus Falls State Hosp.◎	N&M	State	1,700	1,695	..	No	...	452
George B. Wright Memorial Hospital■	Gen	City	53	25	12	No	85	860
St. Luke's Hospital■	Gen	Church	70	33	9	No	127	1,070
Ft. Snelling, 1,327—Hennepin Co.								
Station Hospital■	Gen	Army	72	26	1	Yes	4	925
Veterans Admin. Hosp.■▲	Gen	VetAd	562	573	..	Yes	...	2,410
Fosston, 978—Polk Co.								
Fosston Hospital■	Gen	Part	15	6	4	No	40	178
Frazee, 1,041—Becker Co.								
Frazee Hospital	Gen	Indiv	10	5	2	No	12	202
Graceville, 969—Big Stone Co.								
Western Minnesota Hosp.◎	Gen	Indep	35	22	5	No	126	803
Grand Rapids, 3,206—Itasca Co.								
Itasca County Hospital	Gen	County	46	19	10	No	...	.....
Granite Falls, 1,791—Yellow Medicine Co.								
Granite Falls Hospital	Gen	Indiv	10	6	5	No	38	228
Riverside Sanatorium	TB	County	54	53	..	Yes	...	41
Hallock, 869—Kittson Co.								
Kittson War Veterans' Memorial Hospital■	Gen	County	23	18	4	No	56	530
Hastings, 5,086—Dakota Co.								
St. Raphael Hospital■	Gen	Indiv	17	10	5	No	...	.....
Hendricks, 702—Lincoln Co.								
Hendricks Hospital	Gen	Indep	16	9	4	No	22	880
Heron Lake, 786—Jackson Co.								
Southwestern Minnesota Hospital	Gen	Indiv	12	4	2	No	16	130
Hibbing, 15,666—St. Louis Co.								
Adams Hospital	Gen	Indiv	25	11	6	No	53	607
Rood Hospital■	Gen	Indiv	40	20	8	Yes	114	1,016
Hutchinson, 3,406—McLeod Co.								
Hutchinson Community Hospital	Gen	Indep	22	18	8	No	87	602
International Falls, 5,036—Koochiching Co.								
Craig Hospital■	Gen	Indiv	18	7	6	No	23	263
Northern Minnesota Hosp.◎	Gen	Indep	50	13	6	Yes	28	204
Jackson, 2,206—Jackson Co.								
Halloran Hospital	Gen	Indiv	12	5	3	No	20	.....
Lake City, 3,210—Wabasha Co.								
Lake City Hospital	Gen	Indep	19	10	4	No	49	358
Lake Park, 624—Becker Co.								
Sand Beach Sanatorium■	TB	County	46	39	..	Yes	...	25
Litchfield, 2,880—Meeker Co.								
Litchfield Hospital◎	Gen	Indep	29	18	6	No	95	654
Little Falls, 5,014—Morrison Co.								
St. Gabriel's Hospital◆■	Gen	Church	42	22	8	No	115	1,427
Long Prairie, 1,854—Todd Co.								
Long Prairie Hospital	Gen	Indiv	10	2	2	No	32	169
Luverne, 2,644—Rock Co.								
Luverne Hospital	Gen	Part	15	4	5	No	44	324
Madelia, 1,397—Watonwan Co.								
Madelia Hospital	Gen	Indiv	13	5	4	No	72	1,892
Madison, 1,916—Lac qui Parle Co.								
Ebenezer Hospital	Gen	Church	25	12	5	No	54	367
Mankato, 14,038—Blue Earth Co.								
Immanuel Hospital◆■	Gen	Church	60	40	15	No	163	1,243
St. Joseph's Hospital	Gen	Church	125	55	14	No	396	1,760
Marshall, 3,259—Lyon Co.								
Marshall Hospital	Gen	Indep	30	12	5	No	29	352
McGregor, 216—Aitkin Co.								
McGregor Hosp. and Clinic	Gen	Indiv	20	8	5	Yes	34	256
Melrose, 1,801—Stearns Co.								
Melrose Hospital■	Gen	Indiv	10	5	3	Yes	24	195
Minneapolis, 464,356—Hennepin Co.								
Abbott Hospital◆◇■	Gen	Church	90	65	18	No	186	2,574
Asbury Hospital◆◇	Gen	Church	143	97	25	Yes	461	3,037

Key to symbols and abbreviations is on page 2078

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MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Eitel Hospital*◊■	Gen	Indep	101	86	19	No	333	4,051
Fairview Hospital◊	Gen	Church	200	122	27	No	442	4,619
Harriet Walker Hospital■	Mater	Indep	21	20	10	No	95	149
Hill Crest Surgical Hosp.◊	Gen	Indep	53	34	22	No	341	1,202
Lutheran Deaconess Home and Hospital*◊■	Gen	Church	120	107	30	No	518	3,161
Maternity Hospital■	Mater	Indep	84	59	35	Yes	633	1,091
Minneapolis Gen. Hosp.*◊■	Gen	City	404	391	51	Yes	1,012	8,462
Northwestern Hospital*◊■	Gen	Indep	160	123	40	No	322	4,727
St. Andrew's Hospital◊	Gen	Church	80	43	20	No	356	2,816
St. Barnabas Hosp.*◊■	Gen	Church	150	91	25	No	367	3,394
St. Mary's Hospital*◊■	Gen	Church	270	163	30	Yes	559	5,380
Shriners Hospital for Crippled Children	Ortho	Frat	60	61	..	Yes	...	238
Swedish Hospital*◊■	Gen	Indep	280	212	42	No	934	6,395
University Hospitals*◊■	Gen	State	420	326	30	Yes	344	6,030
Montevideo, 4,319—Chippewa Co.								
Montevideo Hospital◊	Gen	Indep	55	39	10	No	107	1,731
Moorhead, 7,651—Clay Co.								
St. Ansgars Hospital◊	Gen	Church	46	30	8	No	71	1,129
Moose Lake, 742—Carlton Co.								
Moose Lake Community Hospital	Gen	Indiv	15	6	3	No	28	133
Morris, 2,474—Stevens Co.								
Morris Hospital	Gen	Indiv	13	7	4	No	47	246
Mountain Lake, 1,388—Cottonwood Co.								
Bethel Deaconess Hosp.■	Gen	Church	13	8	5	No	73	318
New Prague, 1,543—Le Sueur Co.								
New Prague Community Hospital	Gen	Indep	20	11	3	No	...	381
New Ulm, 7,308—Brown Co.								
Loretto Hospital	Gen	Church	45	25	8	No	111	786
Union Hospital◊	Gen	Indep	70	36	9	No	120	1,162
Nopeming, 12—St. Louis Co.								
Nopeming Sanatorium*■	TB	County	230	230	..	Yes	...	225
Northfield, 4,153—Rice Co.								
Northfield Hospital	Gen	Indep	12	5	4	No	52	184
Oak Terrace,— Hennepin Co.								
Glen Lake Sanatorium*■	TB	County	692	695	6	Yes	7	434
Onigum, 19—Cass Co.								
Chippewa Tubercular Sanatorium and General Hosp.	Gen	Indian	95	71	4	Yes	41	397
Ortonville, 2,017—Big Stone Co.								
Ortonville Evangelical Hospital	Gen	Church	20	8	4	No	36	427
Owatonna, 7,654—Steele Co.								
Owatonna City Hospital■	Gen	City	22	16	6	No	91	570
Parkers Prairie, 631—Otter Tail Co.								
Leibold Hospital	Surg	Indiv	12	3	..	No	...	128
Paynesville, 1,121—Stearns Co.								
Paynesville Hospital	Gen	Indiv	12	8	2	No	9	111
Perham, 1,411—Otter Tail Co.								
St. James' Hospital■	Gen	Church	35	18	5	No	48	700
Pipestone, 3,489—Pipestone Co.								
Ashton Memorial Hosp.◎	Gen	Cy&Co	43	17	4	No	72	827
Pokegama,—Pine Co.								
Pokegama Sanatorium	TB	Indep	58	59	..	No	...	79
Princeton, 1,636—Mille Lacs Co.								
Northern Hospital	Gen	Indep	30	7	3	No	27	277
Puposky, 63—Beltrami Co.								
Lake Julia Tuber. Sanat.■	TB	County	53	50	..	No	...	51
Redlake, 214—Beltrami Co.								
Red Lake Indian Hospital	Gen	Indian	28	19	6	Yes	62	504
Red Wing, 9,629—Goodhue Co.								
Red Wing Hospital	Gen	City	35	22	6	No	47	693
St. John's Hospital◊■	Gen	Indep	75	42	15	No	167	1,268
Redwood Falls, 2,552—Redwood Co.								
Redwood Falls Hospital	Gen	Part	15	6	4	No	60	435
Richmond, 602—Stearns Co.								
Richmond Hospital	Gen	Indep	10	4	..	No	18	.....
Rochester, 20,621—Olmsted Co.								
Colonial Hospital◊■	Gen	Indep	267	211	..	No	...	7,162
Kahler Hospital◊■	Gen	Indep	169	100	..	Yes	...	3,656
Rochester State Hospital◊	N&M	State	1,345	1,447	..	No	...	438
St. Mary's Hospital◊	Gen	Church	343	431	26	No	438	9,774
Worrall Hospital and Annex◊■	SkCaEENT	Indep	191	135	..	Yes	...	10,159
Roseau, 1,028—Roseau Co.								
Budd Hospital	Gen	Indiv	15	6	3	No	12	202
St. Cloud, 21,000—Stearns Co.								
St. Cloud Hospital◊■	Gen	Church	171	101	30	No	357	3,670
Veterans Admin. Hospital	N&M	VetAd	404	526	..	No	...	81
St. James, 2,808—Watonwan Co.								
St. James Hospital■	Gen	Church	20	8	8	No	72	321
St. Paul, 271,606—Ramsey Co.								
Ancker Hospital*■	Gen	Cy&Co	1,000	652	50	Yes	1,146	9,537
Bethesda Hospital◊■	Gen	Church	96	78	14	No	314	2,539
Charles T. Miller Hosp.*◊■	Gen	Indep	195	130	21	Yes	405	3,463
Children's Hospital■	Chil	Indep	70	40	..	Yes	...	1,436
Gillette State Hospital for Crippled Children*■	Ortho	State	270	229	..	Yes	...	402
Midway Hospital*◊■	Gen	Church	102	87	25	Yes	527	2,633
Mounds Park Sanit.◊	Gen	Church	125	109	12	Yes	181	1,749
Northern Pacific Beneficial Association Hospital*■	Gen	Indep	150	93	12	Yes	187	2,884
St. John's Hospital◊■	Gen	Church	75	58	15	No	259	2,453
St. Joseph's Hospital◊■	Gen	Church	242	144	28	No	712	6,912
St. Luke's Hospital◊	Gen	Church	125	70	25	No	262	3,226
St. Paul Hospital■	Gen	Church	89	31	21	Yes	223	1,222
West Side General Hosp.■	Gen	Church	65	31	16	No	194	1,026
St. Peter, 4,811—Nicollet Co.								
Covell Hospital	Gen	Indiv	30	11	10	No	62	340
St. Peter State Hosp.◊	N&M	State	1,908	1,704	..	No	...	532
Slayton, 1,402—Murray Co.								
Home Hospital◊	Gen	Part	26	18	5	Yes	68	462

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Soudan, 20—St. Louis Co.								
Soudan Hospital	Gen	Indus	15	10	4	Yes	24	126
Springfield, 2,049—Brown Co.								
St. John's Hospital■	Gen	Church	16	7	5	No	40	260
Spring Grove, 867—Houston Co.								
Spring Grove Hospital	Gen	Indep	16	10	5	No	96	303
Starbuck, 781—Pope Co.								
Minnewaska Hospital■	Gen	Indep	15	9	5	No	30	300
Stillwater, 7,173—Washington Co.								
Lakeview Mem. Hosp.◎■	Gen	Cy&Co	44	21	6	No	98	562
Thief River Falls, 4,268—Pennington Co.								
Oakland Park Sanatorium	TB	County	59	58	..	Yes	...	24
Physicians Hospital■	Gen	Indep	25	12	5	No	80	544
St. Luke's Hospital	Gen	Indep	38	18	6	No	46	664
Tracy, 2,576—Lyon Co.								
Clinic Hospital	Gen	Part	12	6	4	No	26	307
Tracy Hospital■	Gen	Indiv	17	8	4	No	61	426
Two Harbors, 4,425—Lake Co.								
Burns & Christensen Hosp.	Gen	Part	40	20	..	Yes	84	857
Tyler, 905—Lincoln Co.								
Tyler Hospital	Gen	Indep	17	10	5	No	53	445
Virginia, 11,963—St. Louis Co.								
Lenont Hospital	Gen	Indiv	20	10	2	No	19	251
Virginia General Hospital	Gen	Indiv	18	6	5	Yes	61	215
Wabasha, 2,212—Wabasha Co.								
Buena Vista Sanatorium■	TB	County	26	24	..	No	...	26
St. Elizabeth's Hospital	Gen	Church	45	14	6	No	45	400
Wadena, 2,512—Wadena Co.								
Fair Oaks Lodge Sanat.	TB	County	38	31	..	Yes	...	67
Wesley Hospital■	Gen	Church	45	22	5	No	76	735
Walker, 618—Cass Co.								
Walker Hospital	Gen	Indiv	37	32	2	No	45	196
Warren, 1,472—Marshall Co.								
Warren Hospital	Gen	Church	30	9	6	No	48	322
Waseca, 3,815—Waseca Co.								
Waseca Memorial Hosp.■	Gen	City	23	9	7	No	75	345
Watertown, 594—Carver Co.								
Shrader and Lee Hospital	Gen	Indiv	11	4	4	No	27	127
Wheaton, 1,279—Traverse Co.								
Wheaton Hospital	Gen	Indiv	12	5	3	No	62	282
White Earth, 415—Becker Co.								
White Earth Indian Hosp.	Gen	Indian	23	18	2	Yes	70	407
Willmar, 6,173—Kandiyohi Co.								
General Hospital	Gen	Part	20	12	6	No	66	1,500
Willmar Hospital	Gen	Indep	34	21	4	Yes	28	417
Windom, 2,123—Cottonwood Co.								
Windom Hospital	Gen	City	13	6	..	No	25	253
Winnebago, 1,701—Faribault Co.								
Winnebago Community Hospital■	Gen	Part	10	5	4	No	33	166
Winona, 20,850—Winona Co.								
Winona General Hosp.◊■	Gen	Indep	113	49	16	Yes	258	2,055
Worthington, 3,878—Nobles Co.								
Southwestern Minnesota Tuberculosis Sanatorium	TB	County	54	54	..	No	...	63
Worthington Clinic Hosp.■	Gen	Part	20	12	5	No	80	729
Worthington Hospital	Gen	Indiv	10	6	10	No	50	125

Related Institutions

Aitkin, 1,545—Aitkin Co.								
Beecroft Hospital	Gen	Indiv	10	3	4	No	...	.....
Anoka, 4,851—Anoka Co.								
Anoka State Asylum	N&M	State	1,000	1,030	..	No	...	.....
Buhl, 1,634—St. Louis Co.								
St. Louis County Dispensary■	Inst	County	57	55	..	Yes	...	.....
Cambridge, 1,183—Isanti Co.								
Minnesota Colony for Epileptics	Epil	State	460	390	..	No	...	160
Collegeville, —Stearns Co.								
St. John's Univ. Hospital	Inst	Indep	68	15	..	No	...	545
Detroit Lakes, 3,675—Becker Co.								
Detroit Hospital■	Gen	Indiv	8	2	1	No	...	57
Duluth, 101,463—St. Louis Co.								
Contagious Hospital■	Iso	City	30	4	..	No	...	62
St. Louis County Almshouse Dispensary■	Inst	County	65	83	..	No	...	578
Ely, 6,156—St. Louis Co.								
Detention Hospital	Iso	City	16	2	..	No	...	.....
Faribault, 12,767—Rice Co.								
Minnesota School for Feebleminded	MenDef	State	2,100	2,005	..	No	...	266
Minnesota School for Deaf	Inst	State	30	4	..	No	...	150
Gaylord, 812—Sibley Co.								
Gaylord Hospital	Surg	Indiv	10	2	..	No	...	35
Glenwood, 2,220—Pope Co.								
Glenwood Hospital■	Gen	Part	8	2	3	No	10	90
Greenbush, 287—Roseau Co.								
General Hospital■	Gen	Indiv	6	2	2	No	12	58
Hastings, 5,086—Dakota Co.								
Hastings State Asylum	N&M	State	900	1,036	..	No	...	.....
Hibbing, 15,666—St. Louis Co.								
Hibbing Detention Hosp.	Iso	City	12	2	2	No	...	35
Minneapolis, 464,356—Hennepin Co.								
Barton-Loring Home for Convalescents	Conv	Indep	25	15	..	No	...	136
Homewood Hospital	N&M	Part	18	15	..	No	...	72
Minneapolis Sanitarium	N&M	Indiv	12	8	..	No	...	.....
Minnesota Sanitarium	N&M	Indiv	20	9	..	No	...	.....
Minnesota Soldiers' Home■	Inst	State	91	75	..	No	...	200
Parkview Sanatorium■	Chron	City	160	143	..	..	...	159
Portland Rest Home	N&M	Indiv	10	7	..	No	...	.....
Rest Home	Conv	Indiv	17	14	..	No	...	14
Rest Hospital	N&M	Part	17	14	..	No	...	122
Riverview Hospital	N&M	Indiv	12	8	..	No	...	.....
Vocational Hospital	Conv	Indep	50	23	..	No	...	44

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MINNESOTA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Mudbaden,—Scott Co.								
Mudbaden Sulphur Springs Company	Conv	Indep	90	23	..	No	...	1,253
Owatonna, 7,654—Steele Co.								
Minnesota State Public School	Inst	State	40	35	..	Yes	...	1,140
Pelican Rapids, 1,365—Otter Tail Co.								
Dr. Boysen's Hospital	Gen	Indiv	10	3	4	No	43	98
Pelican Rapids Hospital	Gen	Indiv	7	2	3	No	26	69
Pipestone, 5,489—Pipestone Co.								
Pipestone Indian School Hospital	Gen	Indian	13	5	..	Yes	...	288
Red Wing, 9,629—Goodhue Co.								
Minnesota State Training School for Boys■	Inst	State	20	5	..	Yes	...	449
Rochester, 20,621—Olmsted Co.								
Cascade Sanitarium	Conv	Indiv	16	8	..	No	2	.....
Samaritan Hospital	Conv	Church	75	55	..	...	...	.....
St. Cloud, 21,000—Stearns Co.								
Minnesota State Reformatory Hospital	Inst	State	31	20	..	Yes	...	600
St. Paul, 271,606—Ramsey Co.								
Children's Preventorium of Ramsey County■	TB	Indep	80	67	..	No	...	96
Junior League Convalescent Home for Women	Conv	Indep	15	9	..	No	...	159
Mrs. Robbins Rest Home	N&M	Indiv	13	6	..	No	...	20
Salvation Army Home and Hospital	Mater	Church	50	25	40	No	80	129
Sauk Center, 2,716—Stearns Co.								
Long Hospital	Gen	Indiv	9	3	4	No	14	140
Shakopee, 2,023—Scott Co.								
Mudcura Sanitarium	Conv	Indep	100	32	..	No	...	1,001
Stillwater, 7,173—Washington Co.								
Minnesota State Prison Hospital■▲	Inst	State	35	17	..	No	...	308
Virginia, 11,963—St. Louis Co.								
City Detention Hospital■	Iso	City	37	5	..	No	...	13
Watertown, 594—Carver Co.								
Cottage Hospital	Gen	Indiv	8	1	1	No	5	74
Wayzata, 1,100—Hennepin Co.								
Minnetonka Hospital	Gen	Indiv	9	4	3	No	14	.....
Willmar, 6,173—Kandiyohi Co.								
Willmar State Asylum	N&M	State	1,000	980	..	No	...	.....

Summary for Minnesota:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	177	18,558	14,557	211,608
Related institutions	47	7,110	6,269	8,625
Totals	224	25,668	20,826	220,233
Refused registration	8	212		

MISSISSIPPI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Aberdeen, 3,925—Monroe Co.								
Aberdeen Hospital■	Gen	Indep	25	4	4	No	12	102
Amory, 3,214—Monroe Co.								
Gilmore Sanitarium◊■	Gen	Indep	38	12	2	No	16	512
Biloxi, 14,850—Harrison Co.								
Biloxi Hospital◊	Gen	Indep	50	19	8	Yes	57	760
Booneville, 1,703—Prentiss Co.								
North East Mississippi Hospital◊	Gen	Indep	50	12	..	No	15	618
Brookhaven, 5,288—Lincoln Co.								
King's Daughters Hosp.■	Gen	Church	50	9	6	No	32	369
Canton, 4,725—Madison Co.								
Madison County King's Daughters Hospital	Gen	Indep	21	6	5	No	15	235
Centreville, 1,344—Wilkinson Co.								
Field Memorial Hospital◊■	Gen	Part	28	10	4	No	20	353
Charleston, 2,014—Tallahatchie Co.								
Charleston Hospital■	Gen	Indiv	20	4	2	No	24	150
Clarksdale, 10,043—Coahoma Co.								
Ancient Order of Watchmen Hospital (Col.)	Gen	Frat	15	6	..	No	...	.....
Clarksdale Hospital	Gen	Indep	19	5	5	No	51	331
Columbia, 4,833—Marion Co.								
Columbia Clinic-Hosp.◊■	Gen	Indiv	35	12	2	Yes	13	450
Columbus, 10,743—Lowndes Co.								
Columbus Hospital■	Gen	Indiv	30	10	2	Yes	8	168
Fite Hospital◊■	Gen	Indiv	35	16	3	No	29	720
Corinth, 6,220—Alcorn Co.								
Corinth Hospital	Gen	Indiv	12	3	3	No	20	174
McRae Hospital◊■	Gen	Indep	65	11	5	Yes	12	447
Electric Mills, 1,084—Kemper Co.								
George C. Hixon Memorial Hospital◊	Gen	Indus	50	10	10	Yes	38	533
Fondren,—Hinds Co.								
Mississippi State Hospital	N&M	State	1,600	2,603	..	No	...	1,281
Greenville, 14,807—Washington Co.								
King's Daughters Hosp.◊	Gen	Indep	100	42	14	No	161	1,978
Greenwood, 11,123—Leflore Co.								
Greenwood Leflore Hosp.◊	Gen	Cy&Co	35	13	8	No	58	416
Grenada, 4,349—Grenada Co.								
Grenada General Hosp.◊■	Gen	Part	50	12	6	No	25	600
Gulfport, 12,547—Harrison Co.								
King's Daughters Hosp.◊	Gen	Church	100	35	8	No	95	1,943
Veterans Admin. Hospital	N&M	VetAd	425	433	..	Yes	...	210

MISSISSIPPI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Hattiesburg, 18,601—Forrest Co.								
Methodist Hospital◊■	Gen	Church	75	30	12	Yes	143	1,589
South Mississippi Infirm.◊■	Gen	Indiv	75	15	15	Yes	24	539
Houston, 1,477—Chickasaw Co.								
Houston Hospital■	Gen	Indep	40	17	3	No	12	600
Jackson, 48,282—Hinds Co.								
Jackson Infirmary◊	Gen	Indiv	55	24	12	No	74	1,849
Mississippi Baptist Hosp.◊■	Gen	Church	85	58	10	No	225	4,890
Mississippi State Charity Hospital◊	Gen	State	115	102	2	No	51	2,857
Dr. Willis Walley Hosp.◊■	Gen	Indiv	65	11	2	Yes	18	572
Laurel, 18,017—Jones Co.								
Laurel General Hospital◊■	Gen	Indiv	50	15	6	No	70	951
South Mississippi Charity Hospital◊	Gen	State	125	88	12	Yes	355	3,161
Lexington, 2,390—Holmes Co.								
Holmes County Community Hospital■	Gen	Indep	25	4	2	No	18	293
Macon, 2,198—Noxubee Co.								
Macon Hospital■	Gen	Indiv	20	5	2	No	12	186
McComb, 10,057—Pike Co.								
McComb City Hospital◊	Gen	Indiv	25	17	2	No	41	725
McComb Infirmary◊■	Gen	Indiv	36	9	3	No	41	608
Meridian, 31,954—Lauderdale Co.								
Anderson Infirmary■	Gen	Indiv	65	30	5	Yes	64	.....
East Mississippi State Hospital	N&M	State	850	886	..	No	...	322
Matty Hersee Hospital◊	Gen	State	110	80	8	Yes	105	2,320
Meridian Sanitarium■	Gen	Indiv	50	18	12	Yes	32	1,246
Dr. F. G. Riley's Children, Maternity, General Hospital and Clinic	Gen	Indiv	25	5	6	No	33	267
Rush's Infirmary◊■	Gen	Part	48	18	4	No	20	1,012
Natchez, 13,422—Adams Co.								
Chamberlain-Rice Hosp.■	Gen	Indep	65	15	3	Yes	12	500
Natchez Charity Hosp.◊■	Gen	State	125	82	8	Yes	197	2,397
Natchez Sanatorium◊■	Gen	Indep	35	21	7	No	63	799
New Albany, 3,187—Union Co.								
Mayes Hospital■	Gen	Indep	30	14	4	No	14	744
New Albany Hospital and Clinic■	Gen	Indep	26	15	2	No	8	150
Newton, 2,011—Newton Co.								
Newton Infirmary■	Gen	Indiv	25	11	5	Yes	23	612
Oxford, 2,890—Lafayette Co.								
Bramlett Hospital■	Gen	Part	25	12	4	Yes	10	210
Oxford Hospital◊■	Gen	Indiv	30	12	3	No	25	780
Pascagoula, 4,339—Jackson Co.								
Jackson County Hospital■	Gen	County	22	5	5	No	...	250
Philadelphia, 2,560—Neshoba Co.								
Choctaw-Mississippi Hosp.	Gen	Indian	31	16	6	Yes	21	376
Philadelphia Hospital	Gen	Indiv	14	9	4	No	...	.....
Picayune, 4,698—Pearl River Co.								
Martin Sanatorium■	Gen	Indiv	25	..	2	Yes	...	.....
Poplarville, 1,498—Pearl River Co.								
Pearl River County Hosp.■	Gen	Indep	20	3	2	No	6	250
Rosedale, 2,117—Bolivar Co.								
King's Daughters Hospital	Gen	Church	10	4	3	No	24	172
Sanatorium, 61—Simpson Co.								
Mississippi State Tuberculosis Sanatorium	TB	State	480	363	..	Yes	...	365
Starkville, 3,012—Oktibbeha Co.								
Oktibbeha Hospital■	Gen	Indiv	20	5	2	Yes	12	328
Tupelo, 6,361—Lee Co.								
Tupelo Hospital◊■	Gen	Indep	35	12	4	Yes	43	752
Tylertown, 1,402—Walthall Co.								
Tylertown Hospital	Gen	Indiv	20	8	2	No	...	.....
Vicksburg, 22,943—Warren Co.								
Mississippi State Charity Hospital◊■	Gen	State	110	87	10	Yes	110	2,142
Vicksburg Hospital◊■	Gen	Part	69	23	3	No	30	1,479
Vicksburg Infirmary◊■	Gen	Indiv	100	40	8	Yes	18	635
Vicksburg Sanitarium and Crawford Street Hosp.◊■	Gen	Indep	100	45	6	Yes	48	1,589
Water Valley, 3,738—Yalobusha Co.								
Water Valley Hospital■	Gen	Part	25	8	4	No	12	300
West Point, 4,677—Clay Co.								
Ivy Hospital◊■	Gen	Indiv	25	12	6	No	30	350
Winona, 2,607—Montgomery Co.								
Winona Infirmary■	Gen	Indep	38	8	2	No	30	300
Yazoo City, 5,579—Yazoo Co.								
King's Daughters Hospital	Gen	Indep	50	4	4	No	21	315
Related Institutions								
A. and M. College, 220—Oktibbeha Co.								
James Z. George Memorial Hospital	Inst	State	41	7	..	Yes	...	524
Biloxi, 14,850—Harrison Co.								
Jefferson Davis Soldiers' Home	Inst	State	75	65	..	No	...	.....
Cary, 419—Sharkey Co.								
Dr. W. C. Pool's Sanit.■	Gen	Indiv	7	1	..	Yes	...	61
Ellisville, 2,127—Jones Co.								
Ellisville State School	MenDef	State	500	300	..	No	...	.....
Greenville, 14,807—Washington Co.								
King's Daughters Hospital (col.)	Gen	Indep	40	12	..	No	7	425
Greenwood, 11,123—Leflore Co.								
Greenwood Colored Hosp.	Gen	Indiv	10	5	..	No	3	.....
Jackson, 48,282—Hinds Co.								
Mississippi Methodist Orphans Home	Inst	Church	6	....	..	No	...	.....
Meridian, 31,954—Lauderdale Co.								
King's Daughters Tuberculosis Hospital	TB	Church	44	30	..	No	...	.....

Key to symbols and abbreviations is on page 2078

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MISSISSIPPI—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Okolona, 2,235—Chickasaw Co.								
Wicks Hospital	Gen	Indiv	8	3	1	Yes	6	.....
University, 15—Lafayette Co.								
University of Mississippi Hospital	Inst	State	35	12	..	No	...	780

Summary for Mississippi:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	67	7,241	5,562	52,141
Related institutions	10	766	435	1,890
Totals	77	8,007	5,997	54,031
Refused registration	2	90		

MISSOURI

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bonne Terre, 4,021—St. Francois Co.								
Bonne Terre Hospital	Gen	Indep	30	17	7	No	59	517
Boonville, 6,435—Cooper Co.								
St. Joseph's Hospital◊	Gen	Church	75	40	14	No	51	1,165
Butler, 2,706—Bates Co.								
Butler Community Hosp.	Gen	Indiv	10	3	..	No	14	156
California, 2,584—Moniteau Co.								
Latham Sanitarium	Gen	Indiv	35	25	2	No	8	1,900
Cape Girardeau, 16,227—Cape Girardeau Co.								
St. Francis Hospital■	Gen	Church	50	40	8	No	48	747
Southeast Missouri Hosp.◊■	Gen	Indep	66	30	5	No	52	972
Carrollton, 4,058—Carroll Co.								
Cook's Hospital	Gen	Indiv	12	5	2	No	5	178
Carthage, 9,736—Jasper Co.								
Chapman Hospital	Gen	Indiv	25	6	2	Yes	14	.....
McCune-Brooks Hospital■	Gen	City	46	12	6	No	46	690
Chillicothe, 8,177—Livingston Co.								
Chillicothe Hospital	Gen	Part	26	10	2	...	26	408
Clayton, 9,613—St. Louis Co.								
St. Louis County Hosp.+✦■	Gen	County	150	100	48	Yes	...	.....
Clinton, 5,744—Henry Co.								
Dr. N. I. Stebbins Hosp.	Surg	Indiv	15	5	2	Yes	3	90
Columbia, 14,967—Boone Co.								
Boone County Gen. Hosp.■	Gen	County	47	20	3	Yes	48	773
State Hospital for Crippled Children	(Included in University Hospitals)							
University Hospitals◊■	Gen	State	92	49	8	Yes	50	1,978
Excelsior Springs, 4,565—Clay Co.								
Excelsior Springs Sanitarium and Hospital	Gen	Part	50	18	..	No	12	700
Veterans Admin. Hosp.■▲	Gen	VetAd	300	280	..	No	...	2,453
Farmington, 3,001—St. Francois Co.								
Missouri State Hosp. No. 4✦	N&M	State	649	1,130	..	Yes	...	327
Fayette, 2,690—Howard Co.								
Lee Hospital	Gen	Part	20	7	5	No	60	398
Fulton, 6,105—Callaway Co.								
State Hospital No. 1	N&M	State	1,360	1,644	..	No	...	274
Glendale (Kirkwood P. O.), 1,451—St. Louis Co.								
Oakland Park Hospital	N&M	Indep	18	10	..	No	...	.....
Hannibal, 22,761—Marion Co.								
Levering Hospital◊■	Gen	City	78	31	18	No	105	1,517
St. Elizabeth's Hospital■	Gen	Church	60	41	10	No	140	1,080
Harrisonville, 2,306—Cass Co.								
Harrisonville Hospital	Gen	Indiv	10	3	3	No	5	96
Independence, 15,230—Jackson Co.								
Independence Sanarium◊	Gen	Church	68	61	12	No	243	1,846
Ironton, 974—Iron Co.								
Arcadia Valley Hospital	Gen	Indep	32	14	5	No	30	165
Jefferson Barracks, 842—St. Louis Co.								
Station Hospital■	Gen	Army	114	30	3	Yes	24	944
Veterans Admin. Hosp.■▲	Gen	VetAd	372	385	..	No	...	1,453
Jefferson City, 21,596—Cole Co.								
St. Mary's Hospital■	Gen	Church	60	39	9	Yes	120	1,407
Joplin, 33,454—Jasper Co.								
Freeman Hospital	Gen	Church	90	50	12	Yes	93	1,484
St. John's Hospital◊■	Gen	Church	75	42	10	No	86	1,526
Kansas City, 399,746—Jackson Co.								
Children's Mercy Hosp.◊	Chil	Indep	140	138	12	Yes	...	2,479
Evangelical Hospital◊	Gen	Church	86	30	5	No	54	1,095
Fairmount Maternity Hosp.	Mater	Indiv	50	20	50	No	140	140
Kansas City General Hospital◊▲	Gen	City	375	328	25	Yes	715	7,907
Kansas City General Hospital No. 2 (col.)✦◊▲	Gen	City	250	181	24	Yes	247	2,806
Kansas City Industrial Hospital	Gen	Indep	12	4	4	Yes	...	.....
Kansas City Tuber. Sanat.■	TB	City	161	149	..	No	...	218
Menorah Hospital	Gen	Indep	131	61	23	No	84	602
Research Hospital◊	Gen	Indep	205	157	20	No	390	5,361
St. Joseph's Hospital◊	Gen	Church	250	141	26	No	388	4,507
St. Luke's Hospital◊	Gen	Church	208	164	36	No	781	5,809
St. Mary's Hospital◊	Gen	Church	175	130	..	No	...	4,064
St. Vincent's Hospital	Mater	Church	40	25	40	No	659	695
Simpson-Major Sanitarium	N&M	Part	35	14	..	No	...	128
Trinity Lutheran Hosp.◊	Gen	Church	125	90	24	No	349	2,755
Veterans Admin. Hosp.▲	Gen	VetAd	200	170	..	No	...	1,358
Vineyard Park Hospital	Gen	Indiv	30	28	..	No	5	1,123
Wheatley-Provident Hospital (col.)◊	Gen	Indep	67	20	..	Yes	13	406
Willows Maternity Sanit.	Mater	Indiv	79	62	75	No	286	301
G. Wilse Robinson Sanit.	N&M	Indiv	50	28	..	No	...	211

MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Kirksville, 8,293—Adair Co.								
Grim-Smith Hospital and Clinic◊■	Gen	Indep	40	24	3	No	12	906
Louisiana, 3,549—Pike Co.								
Pike County Hospital■	Gen	County	35	11	15	No	31	341
Macon, 3,851—Macon Co.								
Samaritan Hospital■	Gen	Indiv	28	6	6	Yes	22	195
Marceline, 3,355—Linn Co.								
B. B. Putnam Mem. Hosp.■	Gen	Indiv	15	12	2	No	20	275
Maryville, 5,217—Nodaway Co.								
St. Francis Hospital◊■	Gen	Church	85	20	6	No	65	759
Mexico, 8,256—Audrain Co.								
Audrain Hospital■	Gen	County	43	24	8	No	84	1,057
Moberly, 13,772—Randolph Co.								
McCormick Hospital■	Gen	Indiv	40	18	5	No	47	560
Wabash Employees' Hosp.■	Indus	Indus	50	20	..	Yes	...	516
Woodland Hospital■	Gen	Indep	50	19	5	No	28	578
Monett, 4,099—Barry Co.								
Dr. William M. West's Hospital	Gen	Indiv	18	8	6	No	35	200
Mt. Vernon, 1,342—Lawrence Co.								
Missouri State Sanatorium	TB	State	360	356	..	Yes	...	512
Nevada, 7,448—Vernon Co.								
Nevada Med. & Surg. Sanit.	Gen	Indiv	14	5	3	No	12	139
State Hospital No. 3✦	N&M	State	1,300	1,682	..	No	...	360
Overland, 830—St. Louis Co.								
Overland Hospital	Gen	Indiv	10	3	6	No	30	68
Ozark, 885—Christian Co.								
Ozark Sanatorium	Gen	Indiv	12	4	1	No	...	.....
Pine Lawn,—St. Louis Co.								
Tiernon Hosp. and Clinic	Gen	Indiv	35	10	8	Yes	49	351
Poplar Bluff, 7,351—Butler Co.								
Brandon Hospital■	Gen	Indiv	40	28	4	Yes	36	338
Lucy Lee Hospital	Gen	Indiv	26	18	3	Yes	...	.....
Poplar Bluff Hospital■	Gen	Indep	35	20	6	Yes	36	492
Robertson, 714—St. Louis Co.								
Jewish Sanatorium	TB	Indep	168	70	..	Yes	...	78
Rolla, 3,670—Phelps Co.								
U. S. Trachoma Hospital	Trach	USPHS	38	33	..	Yes	...	320
St. Charles, 10,491—St. Charles Co.								
St. Joseph's Hospital■	Gen	Church	50	35	7	No	80	1,276
St. Joseph, 80,935—Buchanan Co.								
Dr. Byrd's Sanitarium	N&M	Indiv	30	19	..	No	...	.....
Missouri Methodist Hospital◊■	Gen	Church	200	114	20	No	292	4,562
St. Joseph's Hospital◊■	Gen	Church	134	68	16	No	178	3,068
State Hospital No. 2✦	N&M	State	1,700	2,224	..	Yes	...	507
Dr. C. R. Woodson's Sanit.	N&M	Indep	40	21	..	No	...	.....
St. Louis, 821,960—St. Louis City								
Alexian Brothers Hosp.✦◊▲	Gen	Church	250	147	..	Yes	...	1,602
American Hospital	Gen	Indiv	35	8	20	Yes	50	250
Barnard Free Skin and Cancer Hospital■	Sk&Ca	Indep	43	36	..	Yes	...	665
Barnes Hospital✦◊■	Gen	Church	270	219	..	No	...	6,315
Bethesda Hospital◊	Gen	Church	105	66	15	No	138	834
Central Hospital◊	Gen	Indep	70	50	14	No	...	.....
Christian Hospital✦◊	Gen	Indep	108	76	25	Yes	278	2,161
City Isolation Hosp.✦■	TB,Iso	City	300	195	..	No	1	3,128
City Sanitarium✦	N&M	City	2,185	3,536	..	No	...	995
De Paul Hospital✦◊	Gen	Church	185	103	35	Yes	433	3,318
Evangelical Deaconess Home and Hospital✦◊	Gen	Church	150	104	20	No	245	3,248
Frisco Employes' Hosp.	Indus	Indus	93	40	..	Yes	109	1,509
Jewish Hospital✦✦◊	Gen	Indep	268	149	33	Yes	474	4,800
Josephine Hospital◊	Gen	Indep	48	31	7	No	42	672
Lutheran Hospital✦◊	Gen	Church	170	100	27	No	468	3,397
Missouri Baptist Hosp.✦◊	Gen	Church	359	265	41	No	463	6,466
Missouri Pacific Hosp.■	Indus	Indus	300	119	..	Yes	...	3,780
Mt. St. Rose Sanatorium✦	TB	Church	150	130	..	No	...	381
Peoples Hospital (col.)	Gen	Indep	50	24	6	No	27	500
Robert Koch Hospital■	TB	City	495	487	..	Yes	5	316
St. Ann's Lying-In Hosp.	Mater	Church	50	40	14	...	...	.....
St. Anthony's Hospital✦◊	Gen	Church	200	103	50	No	610	2,915
St. John's Hospital✦◊	Gen	Church	300	209	31	Yes	274	5,737
St. Louis Children's Hospital✦◊■	Chil	Indep	203	142	..	Yes	...	3,054
St. Louis City Hosp.✦◊■▲	Gen	City	900	760	56	Yes	2,077	11,083
St. Louis City Hospital No. 2 (col.)✦✦◊▲	Gen	City	470	332	30	Yes	883	8,338
St. Louis Mater. Hosp.✦◊■	Mater	Indep	104	65	104	Yes	1,589	1,873
St. Luke's Hospital✦✦◊	Gen	Church	186	130	24	Yes	276	4,054
St. Mary's Hospital✦✦◊▲	Gen	Church	275	212	45	Yes	743	4,980
St. Mary's Infirmary✦✦	Gen	Church	135	101	..	Yes	...	2,541
St. Vincent's Sanitarium	N&M	Church	300	300	..	No	...	.....
Shriners Hospital for Crippled Children✦■	Ortho	Frat	120	110	..	Yes	...	387
U. S. Marine Hospital■	Gen	USPHS	100	90	..	Yes	...	575
Sedalia, 20,806—Pettis Co.								
City Hospital No. 2 (col.)	Gen	City	10	2	2	No	1	50
John H. Bothwell Memorial Hospital	Gen	City	120	New	12	No	41	483
Sikeston, 5,676—Scott Co.								
Sikeston Emergency Hosp.	Gen	Part	10	7	3	No	30	198
Springfield, 57,527—Greene Co.								
Burge Hospital◊	Gen	Church	35	23	5	No	91	815
St. John's Hospital◊	Gen	Church	100	72	10	No	210	2,644
Springfield Hospital◊	Gen	Indep	88	54	12	No	...	1,971
Stella, 226—Newton Co.								
C. Cardwell Hospital	Gen	Indiv	20	6	2	No	10	600
Trenton, 6,982—Grundy Co.								
Cullers Hospital◊	Gen	Indiv	20	6	2	No	20	1,803
Wright Hospital	Gen	Indiv	15	4	6	No	20	320
Washington, 5,918—Franklin Co.								
St. Francis Hospital	Gen	Church	36	22	6	No	80	610
Webb City, 6,876—Jasper Co.								
Jasper Co. Tuber. Hosp.	TB	County	103	84	..	Yes	...	131

Key to symbols and abbreviations is on page 2078

MISSOURI—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Webster Groves, 16,487—St. Louis Co.								
Glenwood Sanatorium	N&M	Indep	35	25	..	No	...	50
Westplains, 3,335—Howell Co.								
Christa Hogan Hospital	Gen	Indiv	18	10	2	No	18	294
Related Institutions								
Diamond, 515—Newton Co.								
Dr. Riley F. Cheatham's Hospital	Gen	Indiv	8	3	..	No	15	100
Higginsville, 3,339—Lafayette Co.								
Confederate Home Hosp.	Inst	State	31	9	..	No	...	66
Independence, 15,296—Jackson Co.								
Vaile Sanitarium	Conv	Indep	27	16	..	No	...	6
Jefferson City, 21,596—Cole Co.								
Missouri State Penitentiary Hospital■	Inst	State	70	61	..	No	...	1,070
Kansas City, 399,746—Jackson Co.								
Baptist Hospital	Inst	Indep	35	15	..	No	...	55
Kansas City Boy's Orphan Home	Inst	Church	14	2	..	No	...	75
Trowbridge Training School for Nervous & Backward Children	MenDef	Indiv	25	20	..	No	...	5
Liberty, 3,516—Clay Co.								
Missouri Odd Fellows Home Hospital	Inst	Frat	80	70	..	No	...	840
Little Blue, 35—Jackson Co.								
Jackson County Home for the Aged and Infirm	Inst	County	300	300	..	...	...	.....
Marshall, 8,103—Saline Co.								
Missouri State School	MenDef	State	1,045	1,045	..	Yes	...	921
Marthasville, 394—Warren Co.								
Evangelical Emmaus Home for Epileptics and Feebleminded	MenDef	Church	125	90	..	No	...	8
Mountain Grove, 2,229—Wright Co.								
Ryan Hospital	Gen	Indiv	7	2	1	No	3	37
Paris, 1,367—Monroe Co.								
McMurry Hospital	Gen	Indiv	8	...	1	Yes	...	.....
Parkville, 636—Platte Co.								
Waverly Hospital	Inst	Indep	21	...	..	No	...	.....
Pomona, 337—Howell Co.								
Pomona Hospital	Gen	Indiv	10	New	3	No	...	.....
Rogersville, 461—Webster Co.								
Rogersville Hospital■	Gen	Indiv	7	2	3	No	10	40
Rolla, 3,670—Phelps Co.								
Missouri School of Mines Hospital	Inst	State	14	2	..	No	1	109
St. Charles, 10,491—St. Charles Co.								
Evangelical Emmaus Home for Epileptics and Feebleminded	MenDef	Church	141	113	..	No	...	7
St. James, 1,294—Phelps Co.								
State Federal Soldiers Home Hospital	Inst	State	35	25	..	Yes	...	.....
St. Joseph, 80,935—Buchanan Co.								
Sunnyslope Hospital	Iso	City	20	...	..	No	...	94
St. Louis, 821,960—St. Louis City								
City Infirmary■▲	Inst	City	93	80	..	No	...	475
Hosp. of Masonic Home	Inst	Frat	120	98	..	No	...	481
St. Louis Training School	MenDef	City	540	544	..	Yes	...	113
Salvation Army Women's Home and Hospital	Mater	Church	16	5	10	No	122	146
Shelbina, 1,826—Shelby Co.								
Furnish Hospital■	Gen	Indiv	9	...	..	No	...	.....
Springfield, 57,527—Greene Co.								
Anderson Home Infirmary	EENT	Indep	14	...	..	No	...	.....
Warrensburg, 5,146—Johnson Co.								
Oak Hill Sanitarium	Gen	Indiv	8	3	1	No	7	81
Warrensburg Clinic	Gen	Part	10	2	..	No	6	57
Webster Groves, 16,487—St. Louis Co.								
Miriam Convalescent Home	Conv	Frat	30	15	..	No	...	370
Westplains, 3,335—Howell Co.								
Cottage Hospital	Gen	Indiv	7	1	2	No	4	35

Summary for Missouri:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	123	23,708	19,553	184,480
Related institutions	30	2,870	2,537	11,301
Totals	153	26,578	22,090	195,781
Refused registration	30	1,572	..	

MONTANA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Anaconda, 12,494—Deerlodge Co.								
St. Ann's Hospital◊	Gen	Church	65	37	10	Yes	129	1,012
Billings, 16,980—Yellowstone Co.								
Billings Deaconess Hosp.◊■	Gen	Church	51	34	12	No	210	1,151
St. Vincent's Hospital◊	Gen	Church	188	40	12	No	119	1,459
Bozeman, 6,855—Gallatin Co.								
Bozeman Deaconess Hosp.◊■	Gen	Church	50	29	10	No	107	950
Browning, 1,172—Glacier Co.								
Blackfeet Hospital	Gen	Indian	30	33	9	Yes	38	393
Butte, 39,532—Silver Bow Co.								
Butte Deaconess Hospital	Gen	Church	25	9	5	No	57	340
Murray Hospital▲■	Gen	Indep	116	77	12	Yes	126	2,517
St. James Hospital▲◊	Gen	Church	152	79	13	Yes	238	2,203

MONTANA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Choteau, 926—Teton Co.								
Choteau Hospital	Gen	Indiv	10	5	..	No	56	206
Conrad, 1,499—Pondera Co.								
St. Mary's Hospital■	Gen	Church	34	19	10	...	94	648
Crow Agency, 113—Big Horn Co.								
Crow Indian Hospital■	Gen	Indian	30	10	6	Yes	48	446
Deer Lodge, 3,510—Powell Co.								
Montana State Tuberculosis Sanitarium	TB	State	156	142	..	No	...	.....
St. Joseph's Hospital	Gen	Church	35	18	6	No	49	315
Dillon, 2,425—Beaverhead Co.								
Barrett Hospital	Gen	Indep	22	8	4	No	33	364
Forsyth, 1,591—Rosebud Co.								
Rosebud Memorial Hosp.■	Gen	Indiv	25	10	6	No	31	111
Ft. Benton, 1,109—Chouteau Co.								
St. Clare Hospital	Gen	Church	40	17	6	No	47	652
Ft. Harrison,—Lewis and Clark Co.								
Veterans Admin. Hospital■	Gen	VetAd	226	222	..	No	...	1,603
Ft. Missoula (Missoula P.O.),—Missoula Co.								
Station Hospital	Gen	Army	40	9	..	Yes	...	327
Glasgow, 2,216—Valley Co.								
Frances Mahon Deaconess Hospital	Gen	Church	25	15	6	No	63	508
Glendive, 4,629—Dawson Co.								
Glendive General Hospital	Gen	Indiv	25	9	5	No	39	174
Northern Pacific Hospital	Gen	Indus	60	46	8	Yes	60	1,532
Great Falls, 28,822—Cascade Co.								
Columbus Hospital◊■	Gen	Church	200	125	50	No	456	4,135
Montana Deaconess Hosp.◊■	Gen	Church	185	111	26	No	356	3,119
Hamilton, 1,839—Ravalli Co.								
Marcus Daly Memorial Hospital■	Gen	Indep	31	New	6	No	...	.....
Hardin, 1,169—Big Horn Co.								
Lucy Winn Hospital	Gen	Indiv	12	4	5	No	18	112
Harlem, 708—Blaine Co.								
Ft. Belknap Indian Hosp.	Gen	Indian	46	7	..	Yes	29	183
Havre, 6,372—Hill Co.								
Kennedy Deaconess Hosp.◊	Gen	Church	40	24	12	No	98	1,053
Sacred Heart Hospital◊■	Gen	Church	75	47	9	No	134	1,413
Helena, 11,803—Lewis and Clark Co.								
St. John's Hospital◊■	Gen	Church	65	33	8	No	116	1,171
St. Peter's Hospital◊■	Gen	Church	40	30	10	No	100	803
Kalispell, 6,094—Flathead Co.								
Kalispell General Hosp.■	Gen	Church	54	32	6	No	64	877
Lame Deer, 1,525—Rosebud Co.								
Tongue River Agency Hosp.	Gen	Indian	47	12	3	Yes	15	288
Lewistown, 5,358—Fergus Co.								
Attix Clinic	Gen	Indiv	16	2	8	No	6	.....
St. Joseph's Hospital◊■	Gen	Church	75	31	16	Yes	164	980
Libby, 1,752—Lincoln Co.								
Libby General Hospital	Gen	Indiv	15	8	3	No	40	215
Livingston, 6,391—Park Co.								
Park Hospital	Gen	Indiv	25	12	6	No	15	350
Miles City, 7,175—Custer Co.								
Miles City Hospital◊	Gen	Church	85	37	7	No	80	1,415
Missoula, 14,657—Missoula Co.								
Northern Pacific Hosp.■	Indus	Indus	70	49	..	No	...	4,296
St. Patrick's Hospital◊■	Gen	Church	113	51	12	No	96	1,546
Thornton Hospital	Gen	Part	38	22	8	No	93	1,004
Plentywood, 1,226—Sheridan Co.								
Sheridan Memorial Hosp.	Gen	Indep	28	10	5	No	65	356
Poplar, 1,046—Roosevelt Co.								
Ft. Peck Indian School Hospital	Gen	Indian	28	16	6	Yes	44	815
Red Lodge, 3,026—Carbon Co.								
Mt. Maurice Hosp. & Sanit.	Gen	Indus	26	4	4	Yes	...	401
Roundup, 2,577—Musselshell Co.								
Musselshell Valley Hosp.	Gen	Indiv	25	5	4	No	...	313
St. Ignatius, 375—Lake Co.								
Holy Family Hospital	Gen	Church	33	19	6	No	99	650
Sidney, 2,010—Richland Co.								
Sidney Deaconess Hosp.■	Gen	Church	24	13	6	No	98	585
Terry, 779—Prairie Co.								
Terry Hospital■	Gen	County	25	12	9	No	25	150
Warmsprings, 110—Powell Co.								
Montana State Hospital✦	N&M	State	1,350	1,563	..	No	...	.....
Related Institutions								
Bearcreek, 472—Carbon Co.								
Gleinik Hospital	Gen	Indiv	6	5	..	Yes	...	.....
Butte, 39,532—Silver Bow Co.								
Silver Bow County Hosp.■	Gen	County	142	135	..	Yes	18	204
Deer Lodge, 3,510—Powell Co.								
Montana State Penitentiary Hospital	Inst	State	10	3	..	Yes	...	97
Great Falls, 28,822—Cascade Co.								
Detention Hospital	Iso	Cy&Co	35	5	..	No	...	.....
Harlem, 708—Blaine Co.								
Harlem Hospital	Gen	Indiv	11	5	..	No	50	.....
Helena, 11,803—Lewis and Clark Co.								
Florence Crittenton Home	Mater	Indep	8	6	8	No	...	.....
Lewis and Clark County Hospital■	Inst	County	30	14	1	Yes	8	.....
Lewistown, 5,358—Fergus Co.								
Fergus County Hospital■	Inst	County	12	6	4	No	5	83
Livingston, 6,391—Park Co.								
Robinson Hospital■	Gen	Indiv	7	2	7	No	32	96
Malta, 1,342—Phillips Co.								
Malta Hospital	Gen	Indiv	6	6	3	No	38	234
Mammoth,—Madison Co.								
Mammoth Hospital■	Gen	Indiv	40	7	2	No	3	248
Philipsburg, 1,390—Granite Co.								
Granite County Hospital■	Gen	County	8	6	..	Yes	...	14
Polson, 1,455—Lake Co.								
Hotel Dieu Hospital	Gen	Church	10	..	3	No	...	.....

Key to symbols and abbreviations is on page 2078

MONTANA—Continued

Hospitals and Sanatoriums / Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Stevensville, 692—Ravalli Co.								
Stevensville Hospital	Gen	Indiv	7	1	2	Yes	6	42
Twin Bridges, 671—Madison Co.								
State Orphans' Home Hospital■	Inst	State	25	3	3	No	...	98
White Sulphur Springs, 575—Meagher Co.								
McKay Hospital	Gen	Indiv	10	4	..	No	12	75

Summary for Montana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	4,566	3,156	43,141
Related institutions	16	307	209	1,191
Totals	64	4,873	3,365	44,332
Refused registration	5	81		

NEBRASKA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ainsworth, 1,378—Brown Co.								
Ainsworth Hospital	Gen	Indiv	28	10	3	No	26	363
Alliance, 6,669—Box Butte Co.								
St. Joseph's Hospital◊■	Gen	Church	100	54	9	Yes	109	2,131
Arnold, 899—Custer Co.								
Arnold Hospital■	Gen	Indiv	17	3	2	No	16	159
Auburn, 3,068—Nemaha Co.								
Auburn Hospital	Gen	Indiv	10	3	2	Yes	6	134
Aurora, 2,715—Hamilton Co.								
Aurora Hospital	Gen	Part	16	10	8	No	37	200
Beatrice, 10,297—Gage Co.								
Beatrice Sanitarium■	Gen	Indiv	25	12	4	Yes	22	247
Lutheran Hospital◊	Gen	Church	60	18	11	No	59	699
Blair, 2,791—Washington Co.								
Blair Hospital■	Gen	Indiv	15	5	5	No	16	163
Broken Bow, 2,715—Custer Co.								
Broken Bow Hospital	Gen	Indiv	35	10	4	Yes	...	.....
Cambridge, 1,205—Furnas Co.								
Republican Valley Hospital	Gen	Indiv	25	9	2	No	16	.....
Central City, 2,474—Merrick Co.								
J. E. Benton Hospital	Gen	Indiv	10	4	..	No	...	.....
Chadron, 4,606—Dawes Co.								
Chadron Municipal Hosp.	Gen	City	26	7	7	No	34	266
Columbus, 6,898—Platte Co.								
Columbus Hospital■	Gen	Part	30	17	4	No	101	691
St. Mary Hospital	Gen	Church	115	52	10	No	37	1,260
David City, 2,333—Butler Co.								
David City Hospital	Gen	Indep	13	6	3	No	31	283
Fairbury, 6,192—Jefferson Co.								
Taylor Hospital	Gen	Indiv	20	6	2	No	14	.....
Falls City, 5,787—Richardson Co.								
Falls City Hospital■	Gen	Indiv	30	10	10	No	25	407
General Hospital	Gen	Indiv	12	5	3	No	12	116
Farnam, 394—Dawson Co.								
Reeves' Memorial Hospital	Gen	Indiv	12	4	2	No	18	.....
Ft. Crook, 719—Sarpy Co.								
Station Hospital■	Gen	Army	30	13	..	Yes	...	449
Ft. Robinson, 613—Dawes Co.								
Station Hospital■	Gen	Army	25	3	..	No	5	360
Fremont, 11,407—Dodge Co.								
Military Avenue Hospital■	Gen	Indiv	22	12	6	No	60	675
Richmond Hospital■	Gen	Indiv	14	7	2	No	20	341
Genoa, 1,086—Nance Co.								
Genoa Hospital	Gen	Indiv	12	6	4	No	26	131
Grand Island, 18,041—Hall Co.								
St. Francis Hospital■◊	Gen	Church	110	69	12	No	165	2,055
Hartington, 1,368—Cedar Co.								
St. John's Hospital	Gen	Indiv	16	7	..	No	...	.....
Hastings, 15,490—Adams Co.								
Mary Lanning Mem. Hosp.◊	Gen	Indep	85	58	15	No	239	1,830
Imperial, 946—Chase Co.								
Imperial Community Hosp.	Gen	Indep	12	5	4	No	24	180
Ingleside, 30—Adams Co.								
Hastings State Hospital	N&M	State	1,488	1,461	..	No	...	.....
Kearney, 8,575—Buffalo Co.								
Good Samaritan Hosp.■	Gen	Church	70	22	10	No	79	804
Hospital for the Tuberculous■	TB	State	156	140	..	No	...	163
Lincoln, 75,933—Lancaster Co.								
Bryan Memorial Hosp.◊■	Gen	Church	100	54	14	No	123	1,428
Green Gables, Dr. Benj. F. Bailey Sanatorium◊▲	Gen	Indep	105	89	6	No	24	718
Lincoln General Hospital*◊	Gen	Indep	132	92	20	Yes	369	2,888
Lincoln State Hospital	N&M	State	1,180	1,161	..	No	...	303
Nebraska Orthopedic Hospital■	Ortho	State	120	99	..	No	...	108
St. Elizabeth Hosp.*◊■▲	Gen	Church	175	127	25	No	263	3,128
Veterans Admin. Hospital	Gen	VetAd	197	107	..	Yes	...	.....
Lynch, 498—Boyd Co.								
Sacred Heart Hospital	Gen	Church	25	7	3	No	...	.....
McCook, 6,688—Redwillow Co.								
St. Catherine of Sienna Hospital■	Gen	Church	60	16	10	No	41	614
Minden, 1,716—Kearney Co.								
Seeley Hospital	Gen	Indiv	20	6	6	No	45	219
Nebraska City, 7,230—Otoe Co.								
St. Mary's Hospital■	Gen	Church	35	18	10	No	49	943
Norfolk, 10,717—Madison Co.								
Norfolk State Hospital*▲	N&M	State	943	935	..	Yes	...	98
Verges Sanitarium▲	Gen	Indiv	30	10	2	No	...	.....

NEBRASKA—Continued

Hospitals and Sanatoriums / Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
North Platte, 12,061—Lincoln Co.								
Redfield-Dent Hospital■	Gen	Indiv	20	12	4	No	20	300
Wurtele Hospital■	Gen	Indiv	12	8	3	No	34	257
Oakland, 1,433—Burt Co.								
Oakland Community Hosp.	Gen	Indiv	12	3	4	No	39	147
Omaha, 214,006—Douglas Co.								
Bishop Clarkson Memorial Hospital*◊	Gen	Church	100	77	6	Yes	85	2,005
Creighton Memorial, St. Joseph's Hospital*◊■▲	Gen	Church	400	242	31	No	529	7,643
Douglas County Hosp.*■▲	Gen	County	231	163	3	Yes	13	1,615
Evangelical Covenant Hospital*◊■▲	Gen	Church	125	74	18	Yes	202	2,741
Immanuel Deaconess Institute*◊■	Gen	Church	122	94	14	No	308	3,486
Lord Lister Hospital◊■	Gen	Indiv	150	84	15	No	185	2,913
Lutheran Hospital■▲	Gen	Church	91	51	17	No	240	1,200
Nebraska Methodist Episcopal Hospital*◊■▲	Gen	Church	200	131	25	Yes	514	4,589
St. Catherine's Hosp.*◊■	Gen	Church	152	81	25	No	355	4,163
South Side General Hosp.	Gen	Indiv	15	..	..	No	...	.....
Station Hospital■	Gen	Army	14	9	..	Yes	...	329
University of Nebraska Hospital*◊■	Gen	State	205	153	20	Yes	410	2,750
Ord, 2,226—Valley Co.								
Ord Hospital	Gen	Indiv	15	10	..	No	28	243
Oxford, 1,155—Furnas Co.								
Oxford General Hospital	Gen	Indep	14	9	5	No	25	237
Pawnee City, 1,571—Pawnee Co.								
Pawnee Hospital	Gen	Indiv	26	17	4	No	52	508
Schuyler, 2,588—Colfax Co.								
Kolouch Hospital	Surg	Indiv	13	8	2	No	...	302
Scottsbluff, 8,465—Scotts Bluff Co.								
West Nebraska Methodist Episcopal Hospital◊	Gen	Church	60	31	12	No	172	1,227
Seward, 2,737—Seward Co.								
Morrow Hospital	Gen	Part	20	7	5	No	19	265
Seward Hospital	Gen	Indiv	15	4	6	No	49	187
Sidney, 3,306—Cheyenne Co.								
Taylor Hospital■	Gen	Indiv	20	9	5	No	32	352
Spencer, 653—Boyd Co.								
Spencer Hospital	Gen	Part	12	4	3	No	...	.....
Stratton, 663—Hitchcock Co.								
Dr. Stewart's Private Hosp.	Gen	Indiv	14	7	..	..	...	.....
Stuart, 765—Holt Co.								
Wilson Hospital	Gen	Indiv	20	10	3	No	24	381
Sutton, 1,540—Clay Co.								
Sutton Hospital	Gen	Indiv	10	4	3	..	...	175
Tekamah, 1,864—Burt Co.								
Tekamah General Hospital	Gen	Indiv	12	3	3	No	18	135
Tilden, 1,106—Madison Co.								
Tilden Hospital	Gen	Indiv	10	2	2	No	6	190
Valentine, 1,672—Cherry Co.								
Cherry County Hospital■	Gen	Indiv	16	6	3	No	...	285
Walthill, 1,162—Thurston Co.								
Dr. Picotte Mem. Hosp.■	Gen	Part	12	4	4	No	28	153
Winnebago, 653—Thurston Co.								
Winnebago Indian Hosp.	Gen	Indian	60	32	2	Yes	...	815
York, 5,712—York Co.								
Lutheran Hospital◊	Gen	Church	50	26	6	No	87	1,061
York Clinic and Clinic Hospital■	Gen	Part	15	3	6	No	14	135
Related Institutions								
Atkinson, 1,144—Holt Co.								
Atkinson General Hospital	Gen	Indiv	8	3	2	No	3	90
Axtell, 328—Kearney Co.								
Bethphage Inner Mission	MenDef	Indep	142	140	..	No	...	.....
Beatrice, 10,297—Gage Co.								
Nebraska Institution for Feebleminded	MenDef	State	1,115	868	..	No	...	192
Beemer, 571—Cuming Co.								
Pierson Hospital	Gen	Indiv	10	2	2	No	4	43
Dalton, 453—Cheyenne Co.								
Pioneer Memorial Hosp.■	Gen	Indiv	8	4	3	No	10	143
Genoa, 1,086—Nance Co.								
Emergency Hospital	Gen	Part	5	2	3	No	8	52
Genoa Indian School Hosp.	Gen	Indian	30	3	..	Yes	...	165
Grand Island, 18,041—Hall Co.								
Nebraska Soldiers and Sailors Home—Pershing Hospital■▲	Inst	State	125	90	..	No	...	30
Kearney, 8,575—Buffalo Co.								
State Industrial School for Boys■	Inst	State	10	2	..	No	...	.....
Lexington, 2,962—Dawson Co.								
City General Hospital■	Gen	Part	10	3	3	No	41	1,098
Lincoln, 75,933—Lancaster Co.								
Isolation Hospital	Iso	City	12	...	..	No	...	12
Nebraska State Penitentiary Hospital■	Inst	State	20	6	..	No	...	238
Milford, 892—Seward Co.								
Nebraska Industrial Home■	Inst	State	5	...	10	No	56	63
Nebraska Soldiers and Sailors Home Hospital■	Inst	State	60	50	..	No	...	100
Newman Grove, 1,146—Madison Co.								
Community Hospital	Gen	Part	10	2	1	No	15	128
Odell, 472—Gage Co.								
Odell General Hospital■	Gen	Indiv	6	4	3	Yes	16	152
Omaha, 214,006—Douglas Co.								
City Emergency Hospital■	Iso	City	33	1	11	No	...	.....
Frederick Hospital	Gen	Indiv	8	3	8	No	50	160
Riverview Detention Home	Inst	County	7	...	..	No	...	.....
Salvation Army Women's Home and Hospital■	Mater	Church	8	2	15	No	97	.....
Women's Detention Hosp.	Vener	City	21	...	..	Yes	...	.....

Key to symbols and abbreviations is on page 2078

NEBRASKA—Continued

Hospitals and Sanatoriums / Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Orchard, 505—Antelope Co.								
Orchard Hospital■	Gen	Indiv	7	3	3	No	...	117
Palmer, 588—Merrick Co.								
Coolidge Hosp. and Sanat.	Gen	Indep	10	1	2	No	10	55
Plainview, 1,216—Pierce Co.								
Plainview General Hosp.■	Gen	Indep	8	1	3	No	22	178
Plattsmouth, 3,793—Cass Co.								
Nebraska Masonic Home	Inst	Frat	45	45	..	No	...	16
Table Rock, 673—Pawnee Co.								
McCrea Private Hospital	Gen	Indiv	10	1	2	No	6	18
Wahoo, 2,689—Saunders Co.								
Community Hospital	Gen	Indiv	25	10	6	No	50	412
Wayne, 2,381—Wayne Co.								
Benthack Hospital	Gen	Indiv	6	2	2	No	4	78
Westpoint, 2,225—Cuming Co.								
St. Joseph Home for Aged and Hospital	Inst	Church	15	5	..	No	...	280

Summary for Nebraska:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	78	8,001	6,148	65,757
Related institutions	29	1,779	1,263	3,917
Totals	107	9,780	7,411	69,674
Refused registration	22	550		

NEVADA

Hospitals and Sanatoriums / Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Austin, 1,000—Lander Co.								
Lander County Hospital	Gen	County	10	9	1	No	2	45
East Ely, 1,507—White Pine Co.								
Steptoe Valley Hospital■	Gen	Indus	40	15	10	No	88	349
Elko, 3,217—Elko Co.								
Elko General Hospital■	Gen	County	48	15	4	No	52	516
Ely, 3,045—White Pine Co.								
White Pine County and General Hospital■	Gen	County	43	13	4	No	36	474
Goldfield, 1,558—Esmeralda Co.								
Association Hospital	Indus	Indus	18	...	..	No	...	.....
Hawthorne, 328—Mineral Co.								
Mineral County Hospital	Gen	County	14	10	1	No	12	75
Las Vegas, 5,165—Clark Co.								
Las Vegas Hospital■	Gen	Part	40	30	8	No	55	800
Nixon, 42—Washoe Co.								
Pyramid Lake Indian Sanatorium	TB	Indian	58	30	..	Yes	...	72
Reno, 18,529—Washoe Co.								
Nevada State Hospital for Mental Diseases	N&M	State	325	286	..	No	...	70
St. Mary's Hospital■	Gen	Church	52	37	12	No	93	1,448
Washoe General Hospital■	Gen	County	110	112	..	No	...	.....
Stewart, 412—Ormsby Co.								
Carson Indian Hospital	Gen	Indian	28	23	..	Yes	7	221
Tonopah, 4,144—Nye Co.								
Nye County Hospital	Gen	County	36	21	2	No	8	.....
Tonopah Mines Hospital■	Gen	Indus	20	10	2	Yes	25	374
Winnemucca, 1,080—Humboldt Co.								
Humboldt County General Hospital■	Gen	County	33	18	3	No	25	369
Related Institutions								
Battle Mountain, 1,120—Lander Co.								
Battle Mountain General Hospital	Gen	County	8	...	..	No	...	.....
Eureka, 952—Eureka Co.								
Eureka County Hospital■	Gen	County	8	4	..	No	...	12
Pioche, 515—Lincoln Co.								
Pioche Hospital	Indus	Indiv	8	3	..	No	...	18
Stewart, 412—Ormsby Co.								
Carson Indian School Hosp.	Inst	Indian	40	16	..	Yes	...	487
Virginia City, 1,200—Storey Co.								
Storey County Hospital■	Inst	County	12	9	..	No	...	.....
Yerington, 1,005—Lyon Co.								
Lyon County Hospital	Gen	County	14	8	..	No	...	52

Summary for Nevada:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	15	875	643	4,813
Related institutions	6	90	42	569
Totals	21	965	685	5,382
Refused registration	1	20		

NEW HAMPSHIRE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Berlin, 20,018—Coos Co.								
St. Louis Hospital◊■	Gen	Church	75	38	10	Yes	89	1,222
Claremont, 12,377—Sullivan Co.								
Claremont General Hosp.◊	Gen	Indep	59	37	11	Yes	158	819

NEW HAMPSHIRE—Continued

Hospitals and Sanatoriums / Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Concord, 25,228—Merrimack Co.								
Margaret Pillsbury General Hospital◊■	Gen-	Indep	105	40	18	Yes	209	1,442
New Hampshire Mem. Hosp. for Women & Children■	Gen	Indep	56	28	20	No	138	526
New Hampshire State Hospital◊	N&M	State	1,800	1,715	..	No	...	337
Dover, 13,573—Strafford Co.								
Hayes Hospital■	Gen	Indep	23	14	7	No	83	516
Wentworth Hospital◊	Gen	City	69	39	15	No	116	9.83
Exeter, 4,872—Rockingham Co.								
Exeter Hospital◊■	Gen	Indep	40	24	12	Yes	134	658
Franklin, 6,576—Merrimack Co.								
Franklin Hospital◊	Gen	Indep	37	15	5	No	55	289
Glenciff, 55—Grafton Co.								
New Hampshire State Sanatorium for the Treatment of Tuberculosis◆◆	TB	State	110	97	..	No	...	58
Grasmere, 200—Hillsboro Co.								
Hillsborough County General Hospital◊	Gen	County	130	101	6	Yes	68	1,092
Hanover, 3,043—Grafton Co.								
Mary Hitchcock Memorial Hospital•◊■	Gen	Indep	126	76	14	Yes	188	2,380
Keene, 13,794—Cheshire Co.								
Elliot Community Hosp.◊	Gen	Indep	68	53	12	Yes	231	1,527
Laconia, 12,471—Belknap Co.								
Laconia Hospital◊■	Gen	Indep	52	40	10	Yes	205	1,450
Lancaster, 2,887—Coos Co.								
Lancaster Hospital	Gen	City	15	10	5	No	39	.....
Littleton, 4,558—Grafton Co.								
Littleton Hospital◊■	Gen	Indep	28	22	6	Yes	79	589
Manchester, 76,834—Hillsboro Co.								
Balch Hospital■	Chil	City	30	20	..	Yes	...	343
Elliot Hospital◊■	Gen	Indep	62	58	13	Yes	227	2,638
Hospital Notre-Dame De Lourdes◊■	Gen	Church	85	60	15	Yes	198	1,553
Lucy Hastings Hospital◊■	Gen	Indep	23	20	6	No	22	397
Our Lady of Perpetual Help Hospital	Mater	Church	22	8	18	No	198	198
Sacred Heart Hospital◊■	Gen	Church	85	52	6	No	61	1,297
Nashua, 31,463—Hillsboro Co.								
Nashua Memorial Hosp.◊■	Gen	Indep	74	52	16	Yes	171	1,556
St. Joseph's Hospital◊■	Gen	Church	93	70	17	No	202	1,991
New London, 812—Merrimack Co.								
New London Hospital	Gen	Indep	12	4	6	No	30	161
Newport, 4,659—Sullivan Co.								
Carrie F. Wright Memorial Hospital	Gen	Indep	20	10	5	No	71	349
North Conway, 925—Carroll Co.								
Memorial Hospital■	Gen	Indep	25	15	6	Yes	74	388
Pembroke,—Merrimack Co.								
Pembroke Sanatorium	TB	Indiv	100	65	..	No	...	152
Peterboro, 2,521—Hillsboro Co.								
Peterboro Hospital■	Gen	Indep	19	11	6	Yes	68	337
Plymouth, 2,470—Grafton Co.								
Emily Balch Soldiers and Sailors Memorial Hosp.■	Gen	Indep	28	12	3	Yes	...	353
Portsmouth, 14,495—Rockingham Co.								
Portsmouth Hospital◊	Gen	Indep	64	35	16	No	186	1,223
U. S. Naval Hospital■	Gen	Navy	200	111	..	No	...	1,095
Rochester, 10,209—Strafford Co.								
Frisbie Memorial Hosp.■	Gen	Indep	24	21	8	No	104	930
Whitefield, 1,095—Coos Co.								
Morrison Hospital◊	Gen	Indep	50	25	9	Yes	50	1,169
Wolfeboro, 2,358—Carroll Co.								
Huggins Hospital■	Gen	Indep	30	16	6	Yes	46	529
Woodsville, 1,275—Grafton Co.								
Cottage Hospital◊■	Gen	Indep	24	18	6	Yes	100	521
Related Institutions								
Ashuelot, 475—Cheshire Co.								
Fairlawn Rest Home	Conv	Indiv	10	...	2	No	...	.....
Concord, 25,228—Merrimack Co.								
Armour Mem. Infirmary	Inst	Indep	65	9	..	Yes	...	.....
Epping, 1,672—Rockingham Co.								
Rockingham County Hosp.	Gen	County	50	45	2	No	6	.....
Exeter, 4,872—Rockingham Co.								
Lamont Infirmary	Inst	Indep	60	10	..	Yes	...	.....
Haverhill, 3,665—Grafton Co.								
Grafton County Hospital■	Inst	County	25	25	..	No	3	.....
Laconia, 12,471—Belknap Co.								
Laconia State School	MenDef	State	550	521	..	Yes	...	66
Lincoln, 1,548—Grafton Co.								
Lincoln Hospital	Indus	Indus	10	6	..	No	4	50
Manchester, 76,834—Hillsboro Co.								
Manchester Isolation Hosp.	Iso	City	61	2	..	No	...	69
State Industrial School■	Inst	State	10	...	..	No	...	.....
Portsmouth, 14,495—Rockingham Co.								
Mark H. Wentworth Home for Chronic Invalids■	Incur	Indep	43	42	..	No	...	.....
Tilton, 1,712—Belknap Co.								
New Hampshire Soldiers Home■	Inst	State	29	7	..	No	...	54

Summary for New Hampshire:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	36	3,866	3,039	31,078
Related institutions	11	904	670	239
Totals	47	4,770	3,709	31,317
Refused registration	1	25		

Key to symbols and abbreviations is on page 2078

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NEW JERSEY

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Allenwood, 166—Monmouth Co.								
Allenwood Sanat. and Monmouth County Hospital■	TB	County	90	81	..	Yes	...	.....
Atlantic City, 66,198—Atlantic Co.								
Atlantic City Hospital*◇■	Gen	Indep	271	207	45	Yes	907	5,547
Children's Seashore House Ortho		Indep	375	240	..	No	...	1,907
Bayonne, 88,979—Hudson Co.								
Bayonne Hospital and Dispensary*◇■	Gen	Indep	170	105	30	Yes	377	3,350
Swiney Sanitarium	Gen	Indiv	24	11	6	No	83	317
Bellemead, 51—Somerset Co.								
Bellemead Farm Colony & Sanitarium	N&M	Indiv	72	24	..	No	...	82
Belleville, 26,974—Essex Co.								
Essex County Hospital for Contagious Diseases*+■	Iso	County	260	145	..	No	2	2,282
Boundbrook, 7,372—Somerset Co.								
Boundbrook Hospital■	Gen	Indep	35	4	8	No	15	703
Bridgeton, 15,699—Cumberland Co.								
Bridgeton Hospital*■	Gen	Indep	85	42	16	Yes	160	1,389
Browns Mills, 315—Burlington Co.								
Deborah Tuber. Sanat.	TB	Indep	45	43	..	No	...	90
Camden, 118,700—Camden Co.								
Bellevue Private Hospital	Gen	Part	25	16	12	No	184	564
Cooper Hospital*◇■	Gen	Indep	282	233	50	Yes	1,000	6,030
West Jersey Homeopathic Hospital*◇■	Gen	Indep	237	136	30	Yes	510	3,988
Cedar Grove, 3,000—Essex Co.								
Essex County Hospital◇	N&M	County	1,870	2,293	..	Yes	...	512
Dover, 10,031—Morris Co.								
Dover General Hospital■	Gen	Indep	70	35	11	Yes	131	1,031
Dumont, 2,861—Bergen Co.								
Dumont Private Hospital	Gen	Indiv	10	4	5	No	15	183
East Orange, 68,020—Essex Co.								
Homeopathic Hospital◇■	Gen	Indep	95	70	25	Yes	559	2,370
Elizabeth, 114,589—Union Co.								
Alexian Brothers Hosp.*■	Gen	Church	166	132	..	Yes	...	1,951
Elizabeth General Hospital and Dispensary*◇■	Gen	Indep	196	168	20	Yes	734	4,548
St. Elizabeth Hosp.*◇■	Gen	Church	220	182	40	Yes	614	4,287
Englewood, 17,805—Bergen Co.								
Englewood Hospital*◇■	Gen	Indep	211	129	35	Yes	768	4,336
Ft. Hancock,—Monmouth Co.								
Station Hospital■	Gen	Army	50	20	..	Yes	...	1,000
Franklin, 4,176—Sussex Co.								
Franklin Hospital■	Gen	Indus	30	21	7	Yes	68	646
Freehold, 6,894—Monmouth Co.								
Freehold Hospital	Gen	Indiv	25	6	6	No	59	214
Glen Gardner, 554—Hunterdon Co.								
New Jersey Sanatorium+	TB	State	470	450	..	Yes	...	.....
Grenloch, 255—Camden Co.								
Lakeland Sanatorium	TB	County	270	214	..	No	...	444
Greystone Park,—Morris Co.								
New Jersey State Hosp.◇	N&M	State	2,900	3,460	..	Yes	...	940
Hackensack, 24,998—Bergen Co.								
Hackensack Hospital*◇■	Gen	Indep	225	169	30	Yes	825	5,824
Hoboken, 59,261—Hudson Co.								
St. Mary Hospital◇■	Gen	Church	426	258	34	Yes	251	4,495
Irvington, 56,735—Essex Co.								
Irvington General Hospital■	Gen	City	79	51	17	Yes	316	1,767
Jersey City, 316,715—Hudson Co.								
Christ Hospital*◇■	Gen	Church	187	166	20	Yes	396	2,589
Fairmount Surgical Sanat.■	Gen	Indep	70	40	20	No	446	1,631
Greenville Hospital◇■	Gen	Indep	60	53	16	Yes	257	1,139
Hilltop Sanitarium	Gen	Part	20	10	10	No	...	.....
Jersey City Hospital*+◇▲	Gen	City	570	601	40	Yes	1,779	14,295
Margaret Hague Maternity Hospital■	Mater	County	275	New	275	Yes	...	.....
St. Francis' Hospital*◇■	Gen	Church	238	181	12	Yes	97	4,927
Kearny, (Arlington P.O.)—Hudson Co.								
West Hudson Hospital■	Gen	Indep	52	33	14	No	245	2,075
Lakeland, (Greenloch P.O.)—Camden Co.								
Camden County Hospital for Mental Diseases	N&M	County	400	428	..	No	...	128
Lakewood, 8,000—Ocean Co.								
Paul Kimball Hospital■	Gen	Indep	60	40	11	Yes	150	1,471
Long Branch, 18,309—Monmouth Co.								
Dr. E. C. Hazard Hosp.■	Gen	Indep	95	57	30	Yes	213	1,780
Monmouth Mem. Hosp.*◇■	Gen	Indep	194	174	26	Yes	442	4,373
Lyons,—Somerset Co.								
Veterans Admin. Hospital	N&M	VetAd	895	311	..	Yes	...	197
Marlboro, 410—Monmouth Co.								
New Jersey State Hospital	N&M	State	2,000	1,038	..	Yes	...	.....
Midland Park, 3,638—Bergen Co.								
Christian Sanatorium	N&M	Indep	120	...	..	Yes	...	104
Millville, 14,705—Cumberland Co.								
Millville Hospital	Gen	Indep	40	23	5	Yes	118	1,225
Montclair, 42,017—Essex Co.								
Montclair Community Hospital■	Gen	Indep	61	29	24	Yes	166	874
Mountainside Hospital*◇■	Gen	Indep	250	167	36	Yes	576	5,082
St. Vincent's Hospital■	Gen	Church	48	36	12	Yes	241	1,023
Morristown, 15,197—Morris Co.								
All Souls Hospital◇■	Gen	Church	117	82	25	Yes	241	1,851
Morristown Mem. Hosp.*◇■	Gen	Indep	140	100	20	Yes	320	2,673
Physiatric Institute+	Metab	Indep	120	50	..	No	...	600
Shonghum Sanatorium■	TB	County	52	49	..	No	...	56
Mt. Holly, 5,762—Burlington Co.								
Burlington County Hosp.◇■	Gen	County	116	84	19	Yes	254	2,277
Neptune, 2,258—Monmouth Co.								
Fitkin Memorial Hospital◇	Gen	Indep	116	New	34	Yes	...	.....
Newark, 442,337—Essex Co.								
Babies Hospital■	Chl	Indep	55	37	..	Yes	...	802
Hospital and Home for Crippled Children■	Ortho	Indep	125	68	..	Yes	...	603

NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Hospital for Women and Children■	Gen	Indep	86	55	24	Yes	380	2,174
Hosp. of St. Barnabas*◇■	Gen	Church	120	103	18	Yes	355	2,483
Kenney Mem. Hosp. (col.)	Gen	Indiv	26	7	4	Yes	28	218
Lincoln Hospital	Gen	Indep	50	15	12	No	...	.....
Newark Beth Israel Hospital*+◇	Gen	Indep	352	291	99	Yes	1,205	8,304
Newark City Hosp.*+◇▲	Gen	City	660	549	40	No	1,617	15,414
Newark Eye and Ear Infirmary■	EENT	Indep	62	49	..	Yes	...	3,141
Newark Memorial Hosp.*◇■	Gen	Indep	127	80	30	Yes	522	2,217
Presbyterian Hospital*◇	Gen	Church	212	137	53	Yes	1,022	5,290
St. James Hospital*◇	Gen	Church	107	85	18	Yes	324	1,879
St. Michael's Hospital*◇■	Gen	Church	300	201	..	Yes	...	4,850
Dr. Wright's Sanitarium and Mater. Home (col.)	Gen	Indiv	18	8	6	No	49	368
New Brunswick, 34,555—Middlesex Co.								
Middlesex General Hosp.◇■	Gen	Indep	99	61	17	Yes	259	1,701
St. Peter's Gen. Hosp.*◇■	Gen	Church	182	133	33	Yes	457	4,084
New Lisbon, 131—Burlington Co.								
Fairview Sanatorium	TB	County	123	117	..	No	...	162
Northfield, 2,804—Atlantic Co.								
Atlantic County Hospital	TB	County	50	42	..	Yes	...	103
Atlantic County Hospital for Mental Diseases	N&M	County	400	267	..	Yes	...	99
Oceanport, 1,872—Monmouth Co.								
Station Hospital■	Gen	Army	40	23	..	No	...	620
Orange, 35,399—Essex Co.								
New Jersey Ortho. Hospital and Dispensary■	Ortho	Indep	36	33	..	Yes	...	226
Orange Memorial Hosp.*◇■	Gen	Indep	313	181	75	Yes	1,124	6,019
St. Mary's Hospital◇■	Gen	Church	125	105	25	Yes	541	1,945
Passaic, 62,959—Passaic Co.								
Beth Israel Hospital	Gen	Indep	100	38	10	Yes	...	.....
Passaic General Hosp.*◇■	Gen	Indep	200	131	25	Yes	642	4,246
St. Mary's Hospital*◇■	Gen	Church	225	97	36	Yes	509	2,927
Paterson, 138,513—Passaic Co.								
Nathan and Miriam Barnert Memorial Hospital*◇■	Gen	Indep	98	77	12	Yes	311	2,080
Paterson General Hosp.*◇■	Gen	Indep	246	163	60	Yes	744	4,835
Riverlawn Sanatorium	N&M	Indep	60	47	..	No	...	41
St. Joseph's Hospital■	Gen	Church	355	247	45	Yes	714	6,192
Valley View Sanatorium■	TB	County	200	207	..	Yes	...	305
Perth Amboy, 43,516—Middlesex Co.								
Perth Amboy General Hospital◇	Gen	Indep	136	87	18	No	326	2,971
Phillipsburg, 19,255—Warren Co.								
Warren Hospital◇■	Gen	Indep	65	31	10	Yes	84	959
Plainfield, 34,422—Union Co.								
Muhlenberg Hospital*◇■	Gen	Indep	240	173	35	Yes	758	4,621
Point Pleasant, 2,058—Ocean Co.								
Point Pleasant Hospital■	Gen	Indep	24	12	4	No	40	309
Princeton, 6,992—Mercer Co.								
Princeton Hospital	Gen	Indep	58	30	12	Yes	154	1,121
Rahway, 16,011—Union Co.								
Rahway Memorial Hosp.■	Gen	Indep	100	52	20	No	155	1,360
Red Bank, 11,622—Monmouth Co.								
Riverview Hospital■	Gen	Indep	29	20	7	Yes	115	649
Ridgewood, 12,188—Bergen Co.								
"Bergen Pines" Bergen County Hospital■	Iso,TB	County	380	171	..	Yes	...	647
Riverside, 4,010—Burlington Co.								
Zurbrugg Memorial Hosp.	Gen	Indep	12	3	6	Yes	24	168
Salem, 8,047—Salem Co.								
Salem County Mem. Hosp.■	Gen	Indep	40	27	10	Yes	161	853
Scotch Plains, 1,010—Union Co.								
Bonnie Burn Sanatorium■	TB	County	391	359	..	No	...	487
Secaucus, 8,976—Hudson Co.								
Hudson County Hospital	Gen	County	200	219	20	No	10	669
Hudson County Hospital for Insane	N&M	County	1,250	1,172	..	No	...	291
Hudson County Tuberculosis Hospital and Sanat.■	TB	County	207	205	..	Yes	...	446
Skillman, 23—Somerset Co.								
New Jersey State Village for Epileptics+	Epl	State	1,054	1,114	..	No	...	204
Somers Point, 2,073—Atlantic Co.								
Atlantic Shores Hospital■	Gen	Indep	70	50	12	Yes	159	1,236
Somerville, 8,255—Somerset Co.								
Somerset Hospital*◇	Gen	Indep	74	54	12	Yes	223	3,053
South Amboy, 8,476—Middlesex Co.								
South Amboy Memorial Hospital■	Gen	Indep	35	20	6	No	86	566
Summit, 14,556—Union Co.								
Fair Oaks Sanatorium	Nerv	Indiv	44	36	..	No	...	126
Overlook Hospital◇■	Gen	Indep	112	67	31	Yes	360	2,058
Sussex, 1,415—Sussex Co.								
Alexander Linn Hospital■	Gen	City	22	9	5	No	36	347
Teaneck, 3,360—Bergen Co.								
Holy Name Hospital◇■	Gen	Church	202	120	33	Yes	669	3,286
Trenton, 123,356—Mercer Co.								
Chambersburg Gen. Hosp.■	Gen	Indep	27	18	8	Yes	81	445
Charles Private Hospital	N&M	Indiv	45	27	..	No	...	.....
Mercer Hospital*◇■	Gen	Indep	213	125	37	Yes	590	4,420
New Jersey State Hosp.◇	N&M	State	2,500	2,661	..	Yes	...	780
Orthopaedic Hospital and Dispensary	Ortho	Indep	50	22	..	Yes	...	207
St. Francis' Hospital*◇	Gen	Church	282	170	32	Yes	493	4,764
Trenton Municipal Hosp.≤■	Iso	City	414	232	..	No	...	566
William McKinley Memorial Hospital*◇■	Gen	Indep	116	94	30	Yes	402	2,207
Union City, 58,659—Hudson Co.								
Hamilton Sanitarium	Gen	Indep	30	13	15	No	141	501
Verona, 7,161—Essex Co.								
Essex Mountain Sanat.+■	TB	County	379	287	..	No	...	478

Key to symbols and abbreviations is on page 2078

NEW JERSEY—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Vineland, 7,556—Cumberland Co.								
Newcomb Hospital■	Gen	Indep	85	47	15	No	...	1,231
Weehawken,—Hudson Co.								
North Hudson Hospital•◊	Gen	Indep	164	109	25	Yes	531	2,840
Woodbury, 8,172—Gloucester Co.								
Brewer Hospital■	Gen	Indiv	16	10	6	No	...	.....
Underwood Private Hosp.■	Gen	Indep	36	26	20	No	253	1,326
Related Institutions								
Atlantic City, 66,198—Atlantic Co.								
Atlantic Eye, Ear, Nose, Throat and Chest Hosp.	EENT	Indiv	8	1	..	No	...	183
Galen Hall	Conv	Indep	183	...	..	No	...	.....
Dr. Leonard's Private Sanitarium	Dr&Al	Indiv	25	25	...	...	...	167
Municipal Hospital	IsoSk&Ca	City	62	10	10	Yes	...	.....
Bridgeton, 15,699—Cumberland Co.								
Cumberland County Hospital for Insane	N&M	County	212	187	..	No	...	43
Ivy Hall Sanitarium	N&M	Indiv	28	20	..	No	...	.....
Ivy Manor	Conv	Indiv	25	17	..	...	...	.....
Burlington, 10,844—Burlington Co.								
Masonic Home	Inst	Frat	35	32	..	No	...	.....
Caldwell, 5,144—Essex Co.								
Knoll Rest Convalescent Home	TB	Indiv	14	14	..	...	...	.....
Theresa Grotta Home for Convalescents	Conv	Indep	42	32	..	...	...	.....
Camden, 118,700—Camden Co.								
Municipal Hospital for Contagious Diseases	Iso	City	100	20	..	No	...	395
Chatsworth, 962—Burlington Co.								
The Pines Sanatorium	TB	Indiv	30	10	..	No	...	.....
Cranbury, 1,083—Middlesex Co.								
Brainerd Lake Sanitarium	N&M	Indiv	21	12	..	No	...	10
Farmingdale, 629—Monmouth Co.								
Tuberculosis Preventorium for Children■	TB	Indep	247	180	..	No	...	560
Grenloch, 255—Camden Co.								
Camden County General Hospital■	Inst	County	150	150	..	Yes	...	.....
Haddonfield, 8,857—Camden Co.								
Bancroft School	MenDef	Indep	105	96	..	No	...	11
Jamesburg, 2,048—Middlesex Co.								
New Jersey State Home for Boys	Inst	State	16	2	..	Yes	...	593
Jersey City, 316,715—Hudson Co.								
Jersey Eye, Ear, Nose and Throat Hospital■	EENT	Indiv	10	6	..	Yes	...	1,427
Salvation Army Door-of-Hope Home and Hosp.	Mater	Church	9	1	9	No	...	.....
Kearny, (Arlington P.O.)—Hudson Co.								
New Jersey Home for Disabled Soldiers	Inst	State	50	45	..	No	...	.....
Lakewood, 8,000—Ocean Co.								
Lakewood Sanitarium	N&M	Indiv	15	12	..	...	...	.....
Longport, 228—Atlantic Co.								
Betty Bacharch Home for Afflicted Children■	Ortho	Frat	125	40	..	No	...	107
Morristown, 15,197—Morris Co.								
Aurora Health Farm	Conv	Indiv	90	30	..	No	...	377
Newark, 442,337—Essex Co.								
Home for Incurables and Hospital	Inst	Indep	60	60	..	No	...	.....
Newark City Almshouse■	Inst	City	40	20	..	Yes	...	.....
Newark Convalescent Hospital■	Conv	City	153	151	..	No	...	154
New Brunswick, 34,555—Middlesex Co.								
Francis E. Parker Memorial Home	Incur	Indiv	28	...	..	No	...	.....
Newfoundland, 564—Morris Co.								
Idylease Inn	Conv	Indep	28	18	..	Yes	...	130
New Lisbon, 131—Burlington Co.								
Burlington County Hospital for Insane	N&M	County	240	235	..	No	...	48
State Colony for Feebleminded Males	MenDef	State	550	550	..	No	...	.....
Northfield, 2,804—Atlantic Co.								
Atlantic County General Hospital■	Inst	County	135	95	3	No	...	.....
North Wildwood, (Wildwood P.O.), 2,040—Cape May Co.								
Margaret Mace's Hosp.■	Gen	Indiv	15	6	..	No	...	.....
Ocean City, 5,525—Cape May Co.								
Ocean City Seashore Home for Babies	Chil	Indep	40	16	..	No	...	.....
Ocean Grove, 3,050—Monmouth Co.								
Methodist Episcopal Home for Aged	Inst	Church	10	9	..	No	...	.....
Passaic, 62,959—Passaic Co.								
Passaic Eye, Ear, Nose and Throat Private Hospital	EENT	Indiv	32	11	5	Yes	...	.....
Passaic Municipal Hosp.	Iso	City	25	2	2	No	...	79
Paterson, 138,513—Passaic Co.								
Paterson City Hospital	Iso,TB	City	110	64	..	No	...	.....
Princeton, 6,992—Mercer Co.								
Isabella McCosh Infirmary	Inst	Indep	55	19	..	Yes	...	1,460
Rahway, 16,011—Union Co.								
New Jersey Reformatory Hospital■	Inst	State	16	4	..	No	...	185
Roseland, 1,058—Essex Co.								
Mountain View Rest	N&M	Part	20	15	..	No	...	53
Sea Isle City, 850—Cape May Co.								
Sea Isle City Hospital and Home	N&M	Indep	40	18	..	No	...	85

NEW JERSEY—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Secaucus, 8,950—Hudson Co.								
Hudson County Smallpox Hospital■	Iso	County	50	...	..	No	...	.....
Summit, 14,556—Union Co.								
Fair View Sanitarium	N&M	Part	20	15	..	No	...	.....
Teaneck, 3,260—Bergen Co.								
"Bright Side" Sanitarium	Incur	Indiv	28	19	..	No	...	.....
Toms River, 1,800—Ocean Co.								
Toms River Home	Conv	Indep	18	14	..	No	...	88
Totowa (Paterson P.O.), 4,600—Passaic Co.								
State Training School	MenDef	State	480	543	..	Yes	...	.....
Trenton, 123,356—Mercer Co.								
New Jersey School for the Deaf■	Inst	State	21	5	..	No	...	468
New Jersey State Prison Hospital■	Inst	State	45	20	..	Yes	...	833
State Home for Girls■	Inst	State	50	32	3	No	19	417
Vineland, 7,556—Cumberland Co.								
New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and Their Wives and Widows■	Inst	State	64	50	..	No	...	212
Training School at Vineland	MenDef	Indep	500	532	..	No	...	55
Vineland State School	MenDef	State	1,200	1,352	..	No	...	69
West Englewood, 2,207—Bergen Co.								
Englewood Sanit. (Lynwood Lodge)	N&M	Indiv	40	22	..	...	...	.....
Woodbine, 2,164—Cape May Co.								
Woodbine Colony for Feebleminded Males	MenDef	State	480	472	..	No	...	94

Summary for New Jersey:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	117	29,481	22,439	241,833
Related institutions	52	7,709	6,774	8,710
Totals	169	37,190	29,213	250,543
Refused registration	4	131		

NEW MEXICO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Albuquerque, 26,570—Bernalillo Co.								
A. T. & S. F. Hospital■	Indus	Indus	67	16	..	Yes	...	300
Children's Home & Hosp.	Chil	Indep	30	14	8	No	...	.....
Hillcrest Sanatorium	TB	Indiv	85	85	..	No	...	.....
Methodist Deaconess Sanat.	TB	Church	65	50	..	No	...	90
National Lutheran Sanat.	TB	Church	75	60	..	No	...	.....
St. Joseph's Sanatorium and Hospital◊■	Gen	Church	196	108	12	No	168	2,044
Southwestern Presbyterian Sanatorium■	TB,Gen	Church	150	77	6	No	55	808
U. S. Indian School Hosp.	Gen	Indian	57	48	4	Yes	23	1,279
Carlsbad, 5,708—Eddy Co.								
St. Francis Hospital	Gen	Church	34	16	7	No	72	736
Clayton, 2,518—Union Co.								
St. Joseph's Hospital	Gen	Church	25	11	8	No	43	488
Clovis, 8,027—Curry Co.								
A. T. & S. F. Hospital■	Indus	Indus	36	16	..	Yes	...	333
Baptist Hospital■	Gen	Church	30	10	7	Yes	8	601
Crownpoint, 52—McKinley Co.								
Eastern Navajo Agency Hospital■	Gen	Indian	32	19	7	Yes	17	563
Dawson, 2,602—Colfax Co.								
Phelps Dodge Corporation Hospital■	Gen	Indus	30	3	4	Yes	11	111
Deming, 3,377—Luna Co.								
Deming Ladies' Hospital■	Gen	Indep	24	9	3	No	19	208
Holy Cross Sanatorium■	TB	Church	200	60	..	No	...	81
Dulce, 101—Rio Arriba Co.								
Jicarilla Agency Hospital	Gen	Indian	24	17	5	Yes	1	160
Jicarilla Southern Mountain Sanatorium	TB	Indian	82	82	..	No	...	82
Farmington, 1,350—San Juan Co.								
San Juan Episcopal Mission Hospital (Indians)	Gen	Church	12	8	1	Yes	5	190
San Juan Hospital	Gen	Indep	15	5	3	No	9	187
Ft. Bayard, 500—Grant Co.								
Veterans Admin. Hospital■	TB,Gen	VetAd	450	334	..	No	...	589
Ft. Stanton, 218—Lincoln Co.								
U. S. Marine Hospital■	TB	USPHS	270	248	..	No	...	136
Gallup, 5,992—McKinley Co.								
St. Mary's Hospital■	Gen	Church	75	54	10	No	90	1,200
Gardiner, 1,000—Colfax Co.								
Gardiner Hospital	Indus	Indus	40	8	..	Yes	...	153
Laguna, 1,091—Valencia Co.								
Laguna Sanat. for Tuber.	TB	Indian	66	45	..	No	...	.....
Las Vegas, 4,719—San Miguel Co.								
Las Vegas Hospital (Carpenter Memorial Hosp.)■	Gen	Indep	20	7	4	No	30	328
New Mexico State Hosp.	N&M	State	750	619	..	No	...	239
St. Anthony's Sanitarium and Hospital■	Gen	Church	48	20	..	No	21	227
Lordsburg, 2,069—Hidalgo Co.								
De Moss Hospital	Gen	Indiv	13	4	2	Yes	...	.....
Lordsburg Hospital■	Gen	Indep	20	6	4	No	30	322
Mescalero, 175—Otero Co.								
Mescalero Indian Hospital	Gen,TB	Indian	33	9	3	Yes	22	480
Raton, 6,080—Colfax Co.								
New Mexico Miners Hosp.■	Gen	State	30	14	5	No	59	455

Key to symbols and abbreviations is on page 2078

NEW MEXICO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Rehoboth, 170—McKinley Co.								
Rehoboth Mission Hosp.	Gen	Church	34	30	5	Yes	64	596
Roswell, 11,173—Chaves Co.								
St. Mary's Hospital	Gen	Church	60	18	8	No	111	754
Roy, 713—Harding Co.								
Plumlee Hospital	Gen	Indiv	10	3	..	No	15	110
Santa Fe, 11,176—Santa Fe Co.								
St. Vincent's Sanatorium and Hospital◇■	Gen,TB	Church	85	42	9	No	112	732
Sunmount Sanatorium	TB	Indep	50	44	..	No	...	.....
Santa Rita, 1,890—Grant Co.								
Nevada Consolidated Copper Company Hospital■	Gen	Indus	48	12	6	No	72	419
Shiprock, 161—San Juan Co.								
San Juan Indian Hospital	Gen	Indian	75	27	5	Yes	25	976
Silver City, 3,519—Grant Co.								
Grant County Hospital■	Gen	Indep	20	8	5	No	50	425
Valmora,—Mora Co.								
Valmora Sanatorium	TB	Indep	75	67	..	No	...	175
Zuni,—McKinley Co.								
Black Rock Sanatorium	TB	Indian	80	75	..	Yes	3	130
Related Institutions								
Alamogordo, 3,696—Otero Co.								
Rousseau Hospital	Gen	Indiv	8	3	..	No	...	120
Carlsbad, 3,708—Eddy Co.								
Eddy County Hospital	Gen	County	17	...	...	...	...	.....
Los Lunas, 513—Valencia Co.								
New Mexico Home and Training School for Mental Defectives	MenDef	State	48	41	..	No	...	18
Santa Fe, 11,176—Santa Fe Co.								
Lewis C. Cramton Hospital	Gen	Indian	70	20	..	Yes	...	.....
New Mexico Penit. Hosp.	Inst	State	100	10	..	No	...	.....
Springer, 957—Colfax Co.								
Springer Hospital	Gen	Indiv	10	2	3	No	15	90

Summary for New Mexico:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	42	3,617	2,408	16,787
Related institutions	6	253	84	258
Totals	48	3,870	2,492	17,045
Refused registration	1	20		

NEW YORK

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Albany, 127,412—Albany Co.								
Albany Hospital◆◇■▲	Gen	Indep	500	353	40	Yes	698	8,580
Anthony N. Brady Maternity Hospital▲■	Mater	Church	60	40	60	Yes	1,040	1,163
Child's Hospital	Chil	Church	50	33	..	No	...	351
Memorial Hospital◆◇	Gen	Indep	125	104	15	Yes	279	2,526
St. Peter's Hospital◆◇■	Gen	Church	149	95	..	Yes	4	2,425
Albion, 4,878—Orleans Co.								
Arnold Gregory Memorial Hospital■	Indep		24	14	12	No	91	401
Amityville, 4,437—Suffolk Co.								
Long Island Home	N&M	Indep	206	142	..	No	...	62
Louden-Knickerbocker Hall	N&M	Part	140	112	..	No	...	161
Dr. Reed Private Hospital■	Gen	Indiv	17	13	4	No	31	316
Amsterdam, 34,817—Montgomery Co.								
Amsterdam City Hospital◇	Gen	Indep	71	54	15	No	249	1,543
Montgomery Sanatorium■	TB	County	62	72	..	Yes	...	143
St. Mary's Hospital◇■	Gen	Church	100	65	18	No	249	1,963
Auburn, 36,652—Cayuga Co.								
Auburn City Hospital◇■	Gen	Indep	133	93	22	Yes	421	2,924
Mercy Hospital■	Gen	Church	22	15	..	No	...	455
Ballston Spa, 4,591—Saratoga Co.								
Benedict Memorial Hosp.■	Gen	Indep	15	9	6	Yes	96	327
Batavia, 17,375—Genesee Co.								
St. Jerome's Hosp Inc■	Gen	Church	59	50	13	No	254	1,733
Woman's Hospital■	Gen	Indep	51	20	8	No	126	886
Bath, 4,015—Steuben Co.								
Bath Hospital■	Gen	Part	50	32	8	No	88	946
Pleasant Valley Sanat.■	TB	County	45	40	..	No	...	72
Bay Shore, 4,080—Suffolk Co.								
Dr. King's Private Hosp.	Gen	Indiv	30	11	8	Yes	118	661
Southside Hospital■	Gen	Indep	78	45	26	Yes	368	1,517
Beacon, 11,935—Dutchess Co.								
Craig House	N&M	Indep	77	67	..	No	...	35
Highland Hospital■	Gen	Indep	48	26	10	No	86	623
Matteawan State Hospital	N&M	State	1,113	1,174	..	No	...	148
Bedford Hills, 1,000—Westchester Co.								
Montefiore Hospital, Bedford Sanatorium+	TB	Indep	220	223	..	No	...	401
Binghamton, 76,662—Broome Co.								
Binghamton City Hosp.◆◇■	Gen	City	412	236	38	Yes	727	6,219
Binghamton State Hosp.◆◇	N&M	State	2,391	3,021	..	Yes	...	366
Moore-Overton Hospital	Gen	Part	25	15	2	No	5	310
Brentwood, 534—Suffolk Co.								
Pilgrim State Hospital■	N&M	State	4,000	603	..	No	...	480
Ross Sanitarium	Gen	Indep	35	18	..	No	...	93
Bronxville, 6,887—Westchester Co.								
Lawrence Hospital■	Gen	Indep	85	67	18	Yes	335	1,806
Brooklyn, 2,560,401—Kings Co.								
Bay Ridge Sanitarium	Gen	Indep	70	47	30	Yes	616	2,412
Bedford Maternity	Mater	Indep	20	9	20	No	217	253

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bensonhurst Maternity	Mater	Indep	25	18	25	No	622	615
Bethany Deaconess Hosp.	Gen	Church	80	60	20	No	291	1,560
Beth-El Hospital■	Gen	Indep	193	146	48	Yes	1,386	5,091
Beth Moses Hospital■	Gen	Indep	196	155	30	Yes	697	4,405
Borough Park Mater. Hosp.	Mater	Indiv	107	38	100	Yes	1,382	.....
Brooklyn Eye and Ear Hospital■	EENT	Indep	178	105	..	Yes	...	.....
Brooklyn Home for Consumptives■	TB	Indep	117	103	..	No	...	96
Brooklyn Hospital◆◇■	Gen	Indep	269	187	34	Yes	925	7,624
Brooklyn State Hosp.◆◇	N&M	State	2,760	4,347	..	Yes	...	1,580
Brooklyn Women's Hosp.■	Mater	Indep	48	...	44	Yes	...	.....
Bushwick Hospital◇■	Gen	Indep	100	78	16	Yes	551	2,681
Caledonian Hospital■	Gen	Indep	100	48	30	No	365	1,732
Carson C. Peck Memorial Hospital◇	Gen	Indep	80	76	30	Yes	419	1,930
Coney Island Hospital■	Gen	City	270	194	30	Yes	324	6,375
Crown Heights Hospital■	Gen	Indep	131	94	32	No	508	3,980
Cumberland Hospital◇	Gen	City	290	288	31	Yes	831	6,178
Evangelical Deaconess Hospital■	Gen	Church	60	9	24	No	129	437
Greenpoint Hospital■	Gen	City	236	198	64	Yes	920	5,755
Harbor Hospital■	Gen	Indep	50	27	10	Yes	108	1,221
Hosp. of the Holy Family■	Gen	Church	62	49	..	Yes	...	1,205
House of St. Giles the Cripple■	Ortho	Church	43	36	..	Yes	...	178
Israel-Zion Hospital■	Gen	Indep	235	238	57	Yes	1,264	7,617
Jewish Hospital◆◇■	Gen	Indep	434	364	123	Yes	2,560	13,219
Kings County Hosp.◆◇■▲	Gen	City	1,020	1,657	40	Yes	1,520	27,542
Kingston Avenue Hosp.◆	Iso	City	452	203	..	No	...	3,241
Liberty Maternity Hosp.	Gen	Indiv	60	33	36	No	940	1,526
Long Island College Hospital◆◇■	Gen	Indep	438	353	42	Yes	967	9,274
Lutheran Hospital■	Gen	Church	92	51	18	Yes	432	2,129
Mayflower Hospital■	Gen	Indep	22	15	10	No	200	557
Methodist Episcopal Hospital◆◇■	Gen	Church	320	362	80	Yes	1,986	8,969
Midwood Sanitarium■	Gen	Indep	55	38	27	No	484	1,439
Norwegian Lutheran Deaconesses Home & Hospital◇■	Gen	Church	169	143	32	Yes	809	3,685
Prospect Heights Hosp. and Brooklyn Maternity◇	Gen	Indep	151	71	39	No	673	2,699
Ridgewood Sanitarium	Gen	Indep	15	8	12	No	110	431
Riverdale Hospital	Gen	Indiv	50	20	36	No	652	911
St. Catherine's Hosp.◆◇■	Gen	Church	252	210	44	Yes	1,605	6,193
St. Cecilia Hospital for Women	Mater	Church	56	27	50	No	739	1,003
St. Charles Hospital Orthopedic Clinic	EENT-Ortho	Church	50	35	..	Yes	...	350
St. John's Hospital◆◇■	Gen	Church	194	143	40	No	594	3,198
St. Mary's Hosp tal■	Gen	Church	265	183	42	Yes	847	5,225
St. Peter's Hospital■	Gen	Church	250	97	..	No	...	1,379
Samaritan Hospital■	Gen	Church	35	25	12	Yes	259	1,209
Samaritan Hospital, Skene Division	Gen	Church	60	38	12	No	392	1,703
Shore Road Hospital	Gen	Indep	60	18	No	...	.....	
Station Hospital	Gen	Army	50	23	..	No	...	.....
Swedish Hosp tal■	Gen	Church	64	49	16	No	260	1,588
Trinity Hospital■	Gen	Indep	90	60	15	Yes	135	2,331
U. S. Naval Hospital◆▲	Gen	Navy	1,115	862	..	No	...	7,181
Unity Hospital■	Gen	Indep	176	101	31	Yes	831	3,112
Victory Memorial Hosp.	Gen	Indep	23	14	15	No	340	533
Dr. Wade's Private Hosp.■	Gen	Indiv	50	40	14	No	132	827
Williamsburgh Maternity Hospital■	Mater	Indep	75	43	62	No	1,482	1,532
Wyckoff Heights Hosp.◆◇■	Gen	Indep	170	145	30	Yes	442	4,193
Buffalo, 573,076—Erie Co.								
Buffalo City Hosp.◆◇■▲	Gen	City	863	1,041	38	Yes	667	12,142
Buffalo Columbus Hosp.■	Gen	Indep	79	76	6	Yes	79	1,072
Buffalo General Hosp.◆◇■	Gen	Indep	345	285	26	Yes	571	7,800
Buffalo Hosp. of the Sisters of Charity (Affil.)◆■	Gen	Church	215	144	20	No	330	3,370
Buffalo State Hospital◆◇	N&M	State	1,927	2,400	..	Yes	...	725
Central Park Clinic■	Gen	Indep	65	48	6	Yes	61	2,124
Children's Hospital◆◇■	Chil	Indep	211	150	39	Yes	469	4,372
Deaconess Hospital◇■	Gen	Indep	190	143	35	No	848	4,274
Emergency Hosp. of the Sisters of Charity (Affil.)◆■	Gen	Church	100	84	..	Yes	...	2,568
Lafayette General Hosp.	Gen	Indep	54	33	6	Yes	...	.....
Memorial Hospital■	Gen	Indep	55	36	10	Yes	135	1,043
Mercy Hospital◆◇■	Gen	Church	161	110	38	Yes	502	2,851
Millard Fillmore Hosp.◆◇■	Gen	Indep	230	169	70	Yes	1,284	5,253
Providence Retreat	N&M	Church	200	...	..	No	...	.....
St. Mary's Hospital■	Mater	Church	85	44	65	Yes	976	1,098
State Institute for the Study of Malignant Disease■	SK&Ca	State	30	24	..	Yes	...	1,428
U. S. Marine Hospital■	Gen	USPHS	85	81	..	Yes	...	895
Cambridge, 1,762—Washington Co.								
Mary McClellan Hosp.◇■	Gen	Indep	97	46	15	Yes	114	828
Canandaigua, 7,541—Ontario Co.								
Brigham Hall Hospital	N&M	Indep	70	46	..	No	...	36
Frederick Ferris Thompson Hospital	Gen	Indep	113	67	17	No	...	1,404
Canastota, 4,235—Madison Co.								
Canastota Memorial Hosp.■	Gen	City	13	7	5	No	51	215
Cassadaga, 480—Chautauqua Co.								
Newton Memorial Hosp.■	TB	County	180	161	..	Yes	...	143
Castle Point, 23—Dutchess Co.								
Veterans Admin. Hospital■	TB	VetAd	425	403	..	No	...	557
Central Islip, 675—Suffolk Co.								
Central Islip State Hosp.◇	N&M	State	4,710	6,085	..	Yes	...	2,170
Central Valley, 850—Orange Co.								
Dr. MacDonald's House	N&M	Indiv	40	38	..	No	...	12

Key to symbols and abbreviations is on page 2078

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chenango Bridge, 200—Broome Co.								
Broome County Tuberculosis Hospital■	TB	County	78	62	..	No	...	98
Clifton Springs, 1,819—Ontario Co.								
Clifton Springs Sanitarium and Clinic✦◊	Gen	Indep	450	300	8	No	86	4,304
Cohoes, 23,226—Albany Co.								
Cohoes Hospital◊	Gen	Indep	60	44	6	No	159	1,179
Cold Spring, 1,784—Putnam Co.								
Julia L. Butterfield Memorial Hospital■	Gen	Indep	22	13	5	No	49	342
Cooperstown, 2,909—Otsego Co.								
Mary Imogene Bassett Hospital■	Gen	Indep	70	45	10	No	104	1,034
Corning, 15,777—Steuben Co.								
Corning Hospital◊■	Gen	Indep	85	51	25	No	230	1,666
Cornwall, 1,910—Orange Co.								
Cornwall Hospital	Gen	Indep	60	31	11	No	79	.....
Corona,—Queens Co.								
Dr. Combes' Sanitarium	N&M	Indep	66	46	..	No	...	35
Cortland, 15,043—Cortland Co.								
Cortland County Hosp.◊	Gen	Indep	114	85	21	...	296	2,573
Cuba, 1,422—Allegany Co.								
Cuba Memorial Hospital	Gen	Indep	15	8	6	No	44	318
Dannemora, 3,584—Clinton Co.								
Dannemora State Hospital	N&M	State	678	735	..	No	...	82
Dansville, 4,928—Livingston Co.								
Dansville General Hosp.	Gen	City	22	16	3	No	86	564
Delhi, 1,840—Delaware Co.								
Delaware County Tuberculosis Sanatorium■	TB	County	28	26	..	Yes	...	59
Dobbs Ferry, 5,741—Westchester Co.								
Dobbs Ferry Hospital	Gen	Indep	41	22	10	Yes	135	744
Dunkirk, 17,802—Chautauqua Co.								
Brook's Memorial Hospital	Gen	Indep	51	25	10	Yes	160	1,349
Elizabethtown, 636—Essex Co.								
Elizabethtown Community House, The Infirmary■	Gen	Indep	10	4	2	No	17	139
Ellenville, 3,280—Ulster Co.								
Veterans Memorial Hosp.■	Gen	Indep	14	6	5	No	45	282
Elmira, 47,397—Chemung Co.								
Arnot-Ogden Memorial Hospital✦◊■	Gen	Indep	180	119	30	No	460	4,135
Chemung County Sanat.■	TB	County	35	32	..	No	...	47
St. Joseph's Hospital✦◊■	Gen	Church	165	113	27	No	392	3,397
Endicott, 16,231—Broome Co.								
Ideal Hospital✦■	Gen	City	106	83	30	No	447	2,542
Farmingdale, 3,373—Nassau Co.								
Nassau County Sanat.■	TB	County	249	195	..	Yes	...	661
Far Rockaway,—Queens Co.								
Natalie and Louis Heinsheimer Memorial	(Included in Hosp. for Joint Diseases, N.Y.C.)							
St. Joseph Hospital■	Gen	Church	88	60	18	Yes	361	2,320
Fillmore, 488—Allegany Co.								
Genesee Co. Mem. Hosp.■	Gen	Indep	16	8	4	No	54	250
Fishers Island, 324—Suffolk Co.								
Station Hospital	Gen	Army	29	10	..	Yes	2	322
Flushing,—Queens Co.								
Flushing Hosp. & Disp.◊■	Gen	Indep	168	129	75	Yes	1,294	4,289
Station Hospital■	Gen	Army	80	54	4	Yes	56	1,234
Ft. Niagara, (Youngstown P.O.)—Niagara Co.								
Station Hospital	Gen	Army	15	12	..	Yes	...	350
Ft. Slocum,—Westchester Co.								
Station Hospital■▲	Gen	Army	157	46	4	Yes	5	1,655
Ft. Wadsworth, (Staten Island P.O.)—Richmond Co.								
Station Hospital	Gen	Army	14	12	..	Yes	...	190
Fulton, 12,462—Oswego Co.								
Albert Lindley Lee Memorial Hospital■	Gen	City	39	26	11	No	133	888
Gabriels, 200—Franklin Co.								
Sanatorium Gabriels	TB	Church	140	120	..	No	...	208
Geneva, 16,055—Ontario Co.								
Geneva General Hospital◊■	Gen	Indep	58	39	11	No	182	1,411
Glen Cove, 11,430—Nassau Co.								
North County Community Hospital■	Gen	Indep	100	62	20	No	304	1,965
Parkside Hospital■	Gen	Part	13	7	5	No	68	300
Glens Falls, 18,531—Warren Co.								
Glens Falls Hospital◊■	Gen	Indep	80	71	15	No	242	1,938
Westmount Sanatorium■	TB	County	52	49	..	Yes	...	60
Gloversville, 25,069—Fulton Co.								
Nathan Littauer Hospital◊	Gen	Indep	97	62	16	No	227	1,620
Goshen, 2,891—Orange Co.								
Goshen Hospital■	Gen	Indep	36	13	8	No	89	511
Interpines	N&M	Indiv	75	46	..	No	...	26
Gouverneur, 4,015—St. Lawrence Co.								
Stephen B. Van Duzee Hospital■	Gen	Indep	17	9	6	No	61	225
Governors Island,—New York Co.								
Station Hospital■	Gen	Army	45	36	..	No	...	1,003
Gowanda, 3,042—Cattaraugus Co.								
Townsend Hospital	Gen	Part	18	9	6	No	71	.....
Granville, 3,483—Washington Co.								
Emma Laing Stevens Hospital■	Gen	Indep	15	9	6	No	53	188
Greenport, 3,062—Suffolk Co.								
Eastern Long Island Hospital■	Gen	Indep	21	14	8	No	108	546
Harmon-on-Hudson, 110—Westchester Co.								
Crichton House	N&M	Indiv	20	18	..	...	...	.....
Harrison, 1,485—Westchester Co.								
St. Vincent's Retreat	N&M	Church	200	180	..	No	...	67
Hastings-upon-Hudson, 7,097—Westchester Co.								
Hastings Hillside Hospital	N&M	Indiv	40	37	..	Yes	...	80

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Helmuth,—Erie Co.								
Gowanda State Homeopathic Hospital◊	N&M	State	910	1,205	..	Yes	...	348
Hempstead, 12,650—Nassau Co.								
Mercy Hospital	Gen	Church	19	10	10	No	233	421
Station Hospital■	Gen	Army	50	14	..	Yes	...	659
Herkimer, 10,446—Herkimer Co.								
Herkimer Memorial Hosp.■	Gen	Indep	30	26	8	No	91	810
Holcomb, 294—Ontario Co.								
Oak Mount Sanatorium■	TB	County	45	38	..	No	...	45
Hollis,—Queens Co.								
Roseville Hospital	Gen	Indiv	30	3	5	No	...	1,000
Holtsville, 269—Suffolk Co.								
Suffolk Sanatorium	TB	County	96	94	..	No	...	102
Hornell, 16,250—Steuben Co.								
Bethesda Hospital■	Gen	Indep	47	34	10	No	154	871
St. James' Mercy Hosp.■	Gen	Church	80	66	8	No	264	1,770
Hudson, 12,337—Columbia Co.								
Hudson City Hospital◊	Gen	Indep	91	71	15	No	309	1,920
Huntington, 6,200—Suffolk Co.								
Huntington Hospital■	Gen	Indep	35	32	10	Yes	194	1,689
Ilion, 9,890—Herkimer Co.								
Ilion Hospital	Gen	Indep	25	16	6	No	82	627
Irvington, 3,067—Westchester Co.								
Irvington House✦	Cardiac	Indep	22	30	..	No	...	.....
Ithaca, 20,708—Tompkins Co.								
Ithaca Memorial Hosp.◊■	Gen	Indep	106	84	20	No	294	2,632
Jamaica,—Queens Co.								
Mary Immaculate Hosp.✦◊■	Gen	Church	240	140	60	Yes	644	3,683
Queensboro Hospital■	Iso	City	56	27	..	No	...	448
Jamestown, 45,155—Chautauqua Co.								
Jamestown Gen. Hosp.◊■	Gen	City	100	68	15	No	364	2,333
Woman's Christian Association Hospital◊■	Gen	Indep	95	80	31	Yes	635	2,897
Johnson City, 13,567—Broome Co.								
Charles S. Wilson Memorial Hospital◊■	Gen	Indep	169	137	24	No	413	3,002
Kings Park, 1,067—Suffolk Co.								
Kings Park State Hosp.✦◊	N&M	State	3,742	5,581	..	Yes	...	1,150
Kingston, 28,088—Ulster Co.								
Benedictine Hospital◊	Gen	Church	84	66	16	No	150	2,121
Kingston Hospital◊	Gen	Indep	118	91	15	Yes	219	2,746
Dr. C. O. Sahler Sanit.	N&M	Indep	120	48	..	No	...	120
Ulster County Tuberculosis Hospital	TB	County	22	20	..	No	...	29
Lackawanna, 29,548—Erie Co.								
Moses Taylor Hospital■	Indus	Indiv	28	17	..	Yes	...	311
Our Lady of Victory Hospital◊■	Gen	Church	118	80	16	Yes	272	1,851
Lake Kushaqua, 90—Franklin Co.								
Stony Wold Sanatorium	TB	Indep	145	144	..	No	...	162
Lake Placid, 2,930—Essex Co.								
Lake Placid Gen. Hosp.■	Gen	City	20	10	6	Yes	30	212
Lawrence, 3,427—Sullivan Co.								
Maimonides Hospital■	Gen	Frat	25	18	6	No	25	450
Workmen's Circle Sanat.✦	TB	Frat	100	55	..	Yes	...	157
Little Falls, 11,105—Herkimer Co.								
Little Falls Hospital■	Gen	Indep	36	24	9	No	101	756
Livingston, 249—Columbia Co.								
Potts Memorial Hospital	TB	Indep	53	49	..	No	...	29
Lockport, 23,160—Niagara Co.								
Lockport City Hospital■	Gen	City	72	59	14	No	278	1,869
Niagara County Sanat.	TB	County	144	141	..	Yes	...	80
Long Beach, 5,817—Nassau Co.								
Long Beach Hospital■	Gen	Indep	35	11	10	Yes	88	485
Long Island City,—Queens Co.								
Astoria Sanatorium	Gen	Indiv	33	20	30	No	378	793
Boulevard Hospital	Gen	Indep	68	48	28	No	681	2,021
River Crest Sanitarium	N&M	Indiv	132	110	..	No	...	150
St. John's Long Island City Hospital◊■	Gen	Church	239	218	41	Yes	1,005	5,708
Loomis, 200—Sullivan Co.								
Loomis Sanatorium✦	TB	Indep	225	210	..	No	...	261
Lyons, 3,956—Wayne Co.								
Edward J. Barber Hosp.■	Gen	Indiv	22	17	3	No	52	536
Towlerton-Simpson Hosp.■	Gen	Indep	26	9	4	No	...	239
Malone, 8,657—Franklin Co.								
Alice Hyde Mem. Hosp.◊■	Gen	Indep	73	33	15	No	106	920
Mamaroneck, 11,766—Westchester Co.								
Dr. Wellington's House	N&M	Indiv	21	10	..	No	...	.....
Marcy, 112—Oneida Co.								
Marcy Division of Utica State Hospital	(Included in Utica State Hosp., Utica, N. Y.)							
Medford Station, 259—Suffolk Co.								
Medford Tuber. Sanat.■	TB	Indep	55	25	..	Yes	...	.....
Medina, 6,071—Orleans Co.								
Medina Memorial Hosp.■	Gen	Indep	28	13	7	No	64	395
Middle Grove, 200—Saratoga Co.								
Saratoga County Tuberculosis Hospital■	TB	County	99	86	..	Yes	...	203
Middletown, 21,276—Orange Co.								
Elizabeth A. Horton Memorial Hospital◊■	Gen	Indep	94	52	14	Yes	152	1,781
Middletown Sanit. & Hosp.	Gen	Indiv	50	33	8	No	...	.....
Middletown State Homeopathic Hospital◊	N&M	State	2,800	3,021	..	Yes	...	391
Mineola, 8,155—Nassau Co.								
Nassau Hospital✦◊■	Gen	Indep	175	132	30	No	770	4,692
Monticello, 3,450—Sullivan Co.								
Hamilton Avenue Hospital	Gen	Indiv	12	New	4	...	...	.....
Monticello Hospital■	Gen	Indep	24	12	5	No	67	558
Montour Falls, 1,489—Schuyler Co.								
Shepard Relief Hospital■	Gen	County	14	9	8	No	45	261
Mt. Kisco, 5,127—Westchester Co.								
Northern Westchester Hospital■	Gen	Indep	85	57	16	No	370	1,921

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Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Mt. McGregor,—Saratoga Co.								
Metropolitan Life Insurance Company Sanatorium✦.	TB,Gen	Indep	385	252	..	No	...	367
Mt. Vernon, 61,499—Westchester Co.								
Mt. Vernon Hospital✦▫	Gen	Indep	180	90	34	Yes	826	2,996
Mt. Vision, 258—Otsego Co.								
Otsego County Sanat.▪	TB	County	28	18	..	No	...	18
Newburgh, 31,275—Orange Co.								
Estelle and Walter C. Odell Memorial Sanatorium▪	TB	County	54	46	..	No	...	57
St. Luke's Hospital◊	Gen	Indep	114	89	30	Yes	294	3,061
New Rochelle, 54,000—Westchester Co.								
New Rochelle Hospital✦▫	Gen	Indep	121	111	26	Yes	605	3,842
New York City, 4,271,689—New York Co.								
Babies Hospital✦▪	Chil	Indep	204	108	..	Yes	...	2,320
Beekman Street Hospital▪	Gen	Indep	100	68	..	Yes	...	2,577
Bellevue Hospital✦◊▲	Gen	City	1,967	1,979	102	Yes	2,249	58,026
Beth David Hospital✦▲▪	Gen	Indep	104	76	24	Yes	199	2,854
Beth Israel Hospital✦◊▪	Gen	Indep	314	214	36	Yes	600	6,391
Broad Street Hospital▪	Gen	Indep	120	87	6	Yes	93	3,177
Bronx Eye and Ear Infirmary✦	EENT	Indep	30	16	..	Yes	...	3,409
Bronx Hospital▪	Gen	Indep	86	68	24	Yes	686	2,070
Bronx Maternity Hospital	Mater	Indep	36	25	36	Yes	927	947
Central Neurological Hospital✦	N&M	City	470	470	..	No	...	821
Central Park West and Towns Hospitals	Gen	Indiv	50	25	..	No	...	742
Columbus Hospital✦	Gen	Church	300	140	40	Yes	240	2,293
Columbus Hosp. Extension	Gen	Church	100	43	12	Yes	145	1,737
Community Hospital▪	Gen	Indep	109	69	17	Yes	331	2,241
Concourse Sanitarium	Gen	Indep	45	..	25	No	...	.....
Crotona Park Sanitarium	Gen	Indep	40	23	24	No	575	2,008
Doctors Hospital	Gen	Indep	204	64	50	No	247	2,275
Druskin Hospital	Gen	Indiv	18	10	18	No	314	400
Echo Hill Sanitarium	Gen	Indep	15	8	10	No	191	349
Edith Gibbs Kimball Memorial	TB	Indep	22	20	..	No	...	56
Fifth Avenue Hosp.✦◊▪	Gen	Indep	301	141	40	Yes	799	5,551
Fifty-Seven West 57th Street Sanitarium	Gen	Indep	70	41	40	No	700	.....
Fitch Sanitarium	Gen	City	410	279	42	Yes	868	7,769
Franklin Maternity Sanit.	Mater	Indiv	10	5	10	No	...	.....
French Hospital✦◊	Gen	Frat	203	148	..	Yes	...	3,776
Gelber Hospital	EENT	Indiv	21	4	..	No	...	1,335
Gouverneur Hospital✦◊▪	Gen	City	188	159	22	Yes	255	3,367
Harlem Eye & Ear Hosp.✦	EENT	Indep	45	10	..	Yes	...	1,952
Harlem Hospital✦◊▪	Gen	Cy&Co	285	265	40	Yes	1,481	9,987
Herman Knapp Memorial Eye Hospital✦▪	Eye	Indep	50	37	..	Yes	...	907
Hospital for Joint Diseases✦✦▪	Gen,Ortho	Indep	355	243	..	Yes	...	5,614
Hunts Point Hospital	Gen	Indep	85	50	45	No	...	.....
Jewish Maternity Hospital	Mater	Indep	52	33	52	Yes	1,241	1,316
Jewish Memorial Hospital▪	Gen	Indep	165	83	12	Yes	130	3,239
Knickerbocker Hospital▪	Gen	Indep	170	103	30	Yes	473	3,631
Lebanon Hospital✦◊▪	Gen	Indep	162	113	20	Yes	514	3,391
Dr. Leff's Maternity Hosp.	Mater	Indiv	51	24	51	No	823	920
Lempert Hospital	ENT	Indiv	25	15	..	No	...	1,381
Lenox Hill Hospital✦◊▪	Gen	Indep	345	269	16	Yes	223	7,051
Lincoln Hospital✦◊	Gen	City	385	285	44	Yes	900	5,959
Lutheran Hospital	Gen	Church	46	47	13	No	289	.....
Lying-in Hospital◊	Mater	Indep	156	123	127	Yes	3,608	4,140
Madison Hospital	Gen	Part	100	33	12	No	78	1,383
Manhattan Eye Ear and Throat Hospital✦	EENT	Indep	216	141	..	Yes	...	17,576
Manhattan Maternity and Dispensary✦▪	Mater	Indep	48	37	50	Yes	1,119	1,263
Manhattan State Hosp.◊◊	N&M	State	4,569	6,959	2	Yes	...	2,223
Memorial Hospital for the Treatment of Cancer and Allied Diseases✦▪	Cancer	Indep	104	97	..	Yes	...	2,180
Metropolitan Hospital✦◊▪	Gen	City	1,580	1,453	40	Yes	951	8,631
Midtown Hospital▪	Gen	Indep	61	37	..	Yes	...	3,079
Misericordia Hospital✦◊▪	Gen	Church	245	228	77	Yes	1,999	3,369
Montefiore Hospital for Chronic Diseases✦✦▪	Gen,Chron	Indep	601	602	..	Yes	...	1,242
Morrisania City Hosp.✦▪	Gen	City	469	346	68	Yes	1,222	8,716
Mount Morris Park Sanit.	Gen	Indiv	65	30	30	No	400	1,650
Mt. Sinai Hospital✦◊▪	Gen	Indep	676	530	..	Yes	...	11,650
Murray Hill Sanitarium	Gen	Indep	69	45	12	No	...	.....
Neurological Institute of New York✦	N&M	Indep	211	166	..	Yes	...	3,164
New York City Cancer Institute Hospital✦	Cancer	City	202	184	..	Yes	...	897
New York City Children's Hospital	MenDef	City	1,400	742	..	No	...	687
New York City Hosp.✦◊▪	Gen	City	1,030	998	30	Yes	720	6,716
New York Eye and Ear Infirmary✦▪	EENT	Indep	175	105	..	Yes	...	6,327
New York Foundling Hospital◊▪	Mat,Chil	Church	225	176	60	No	657	3,529
New York Homeopathic Medical College and Flower Hospital✦◊▪	Gen	Indep	220	176	31	Yes	477	6,443
New York Hospital✦◊▪	Gen	Indep	296	255	..	Yes	...	6,482
New York Infirmary for Women and Children✦▪	Gen	Indep	121	75	37	Yes	529	2,586
New York Nursery and Child's Hospital✦▪	Mat,Chil	Indep	164	111	92	Yes	1,823	3,151
New York Orthopaedic Dispensary and Hospital✦▪	Ortho	Indep	132	103	..	Yes	...	905
New York Polyclinic Medical School and Hosp.✦▪	Gen	Indep	300	207	37	Yes	648	7,194

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
New York Postgraduate Medical School and Hospital✦✦◊▪	Gen	Indep	418	293	..	Yes	...	9,852
New York Society for the Relief of the Ruptured and Crippled✦	Ortho	Indep	275	202	..	Yes	...	4,115
New York State Psychiatric Institute and Hospital✦	N&M	State	210	165	..	Yes	...	392
Park East Hospital	Gen	Indep	106	48	16	No	273	1,931
Parkway Hospital	Gen	Indep	65	23	10	No	213	784
Park West Hospital	Gen	Indep	68	39	10	No	156	2,035
People's Hospital▪	Gen	Indep	53	40	5	No	99	1,598
Presbyterian Hosp.✦◊▪	Gen	Church	722	450	..	Yes	...	12,623
Reconstruction Hospital▪	Ortho	Indep	65	45	..	Yes	...	921
Riverside Hospital	TB,Iso	City	332	284	..	No	...	924
Rockefeller Institute for Medical Research	Gen	Indep	60	45	..	No	...	.....
Dr. Rogers' Hospital	N&M	Indiv	25	17	..	No	...	.....
Roosevelt Hospital◊	Gen	Indep	391	179	..	Yes	...	6,089
Royal Hospital	Gen	Indiv	100	55	36	No	800	2,200
St. Ann's Maternity Hosp.	(Included in New York Foundling Hospital)							
St. Elizabeth's Hospital	Gen	Church	110	50	32	No	287	1,562
St. Francis' Hospital▪	Gen	Church	400	292	..	No	...	5,405
St. Joseph's Hospital for Consumptives	TB	Church	350	307	..	No	...	750
St. Luke's Hospital✦◊	Gen	Church	526	369	..	Yes	...	8,786
St. Mary's Hospital for Children✦◊▪	Chil	Church	134	81	..	Yes	...	2,142
St. Vincent's Hospital◊▪	Gen	Church	360	360	..	Yes	...	7,191
Seton Hospital	TB	Church	235	226	..	No	...	227
Sherman Square Hospital▪	Gen	Indep	40	37	6	No	74	1,313
Sloane Hosp. for Women✦▪	GynOb	Indep	178	125	149	Yes	2,188	4,021
Stuyvesant Square Hosp.✦▪	Sk&Ca	Indep	94	37	..	Yes	...	988
Sydenham Hospital✦◊▪	Gen	Indep	176	149	24	Yes	324	4,448
Union Hospital▪	Gen	Indep	55	37	18	No	302	1,650
U. S. Marine Hospital✦▲	Gen	USPHS	540	448	50	No	...	5,448
Veterans Admin. Hospital	Gen	VetAd	950	939	..	Yes	...	207
West Hill	N&M	Indiv	40	20	..	No	...	54
West Side Hosp. and Disp.	Gen	Indep	27	16	..	Yes	...	6,062
Willard Parker Hosp.✦▪	Iso	City	448	206	..	No	...	5,003
William Booth Mem. Hosp.▪	Gen	Church	49	34	25	Yes	336	1,022
Woman's Hospital✦◊	GynOb	Indep	217	159	71	Yes	1,395	3,759
Niagara Falls, 75,460—Niagara Co.								
Mt. St. Mary's Hospital▪	Gen	Church	144	67	16	Yes	393	2,214
Niagara Falls Mem. Hosp.◊▪	Gen	Indep	175	83	25	No	402	3,020
Northport, 2,528—Suffolk Co.								
Veterans Admin. Hospital	N&M	VetAd	1,392	912	..	No	...	78
North Tonawanda, 19,039—Niagara Co.								
De Graff Memorial Hosp.	Gen	City	48	22	18	No	176	8,128
Norwich, 8,378—Chenango Co.								
Chenango Mem. Hosp.▪	Gen	Indep	61	31	15	No	93	888
Nyack, 5,392—Rockland Co.								
Nyack Hospital▪	Gen	Indep	84	70	16	No	308	2,195
Ogdensburg, 16,915—St. Lawrence Co.								
A. Barton Hepburn Hosp.◊	Gen	Church	160	137	20	Yes	287	3,871
St. Lawrence State Hosp.◊	N&M	State	1,721	2,307	..	Yes	...	386
Olean, 21,799—Cattaraugus Co.								
Mountain Clinic	Gen	Indiv	35	24	9	Yes	107	871
Olean General Hospital▪	Gen	Indep	81	41	22	No	248	1,721
Rocky Crest Sanatorium	TB	County	70	38	..	No	...	61
Oneida, 10,558—Madison Co.								
Broad Street Hospital◊▪	Gen	Indep	55	38	11	No	114	892
Oneida City Hospital	Gen	City	10	7	4	No	50	146
Oneonta, 12,536—Otsego Co.								
Aurelia Osborn Fox Memorial Hospital▪	Gen	Indep	54	35	6	Yes	112	1,000
Parshall Private Hosp.▪	Gen	Indiv	31	12	10	No	52	591
Orangeburg, 300—Rockland Co.								
Rockland State Hospital	N&M	State	3,750	3,344	..	No	...	2,389
Ossining, 15,241—Westchester Co.								
Greenmont-on-the-Hudson	N&M	Indiv	19	10	..	No	...	6
Ossining Hospital	Gen	Indep	50	35	10	No	196	1,341
Stony Lodge	N&M	Indiv	16	11	..	No	...	37
Oswego, 22,652—Oswego Co.								
Oswego Hospital▪	Gen	Indep	89	43	10	No	199	1,524
Station Hospital▪	Gen	Army	25	9	..	Yes	...	201
Otisville, 809—Orange Co.								
Municipal Sanatorium▪	TB	City	396	346	..	No	...	541
Owego, 4,742—Tioga Co.								
Glenmary Sanitarium	N&M	Indep	50	14	..	No	...	8
Pawling, 1,204—Dutchess Co.								
White Oak Farm	N&M	Indiv	19	12	..	No	...	2
Peekskill, 17,125—Westchester Co.								
Peekskill Hospital	Gen	Indep	75	41	10	No	230	1,324
Penn Yan, 5,329—Yates Co.								
Soldiers and Sailors Memorial Hospital▪	Gen	Indep	40	25	10	No	106	904
Perrysburg, 317—Cattaraugus Co.								
J. N. Adam Mem. Hosp.▪	TB	City	500	479	..	No	...	409
Philmont, 1,868—Columbia Co.								
Columbia County Tuberculosis Sanatorium	TB	County	75	48	..	Yes	...	43
Plattsburg, 13,349—Clinton Co.								
Champlain Valley Hosp.◊▪	Gen	Church	100	84	13	Yes	249	2,436
Physicians' Hospital◊▪	Gen	Indep	115	61	18	Yes	150	1,816
Station Hospital▪	Gen	Army	85	16	..	Yes	...	691
Pt. Chester, 22,602—Westchester Co.								
St. Luke's Convalescent Hospital	Conv	Church	88	72	..	No	...	.....
United Hospital◊▪	Gen	Indep	164	84	36	Yes	542	3,117
Pt. Jefferson, 2,200—Suffolk Co.								
John T. Mather Memorial Hospital▪	Gen	Indep	58	29	12	No	74	729

Key to symbols and abbreviations is on page 2078

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Charles Hosp. for Crippled Children & Brooklyn Home for Blind and Defective Children■▲	Ortho	Church	250	222	..	No	...	73
Pt. Jervis, 10,243—Orange Co.								
St. Francis Hospital	Gen	Church	60	25	5	Yes	...	.....
Potsdam, 4,136—St. Lawrence Co.								
Potsdam Hospital	Gen	Indep	16	12	4	No	76	467
Poughkeepsie, 40,288—Dutchess Co.								
Hudson River State Hosp.◊	N&M	State	3,460	4,530	..	Yes	...	907
Sadlier Hospital	Surg	Indiv	10	9	..	No	...	175
St. Francis' Hospital◊■	Gen	Church	85	61	25	No	259	1,665
Samuel and Nettie Bowne Hospital	TB	Indep	50	43	..	No	...	72
Samuel W. Bowne Memorial Hospital+■	TB	Cy&Co	135	141	..	No	...	89
Vassar Brothers Hosp.+◊■	Gen	Indep	176	130	28	Yes	477	3,695
Queens Village,—Queens Co.								
Creedmoor Division, Brooklyn State Hospital	.....	(Included in Brooklyn State Hospital)						
Ray Brook, 40—Essex Co.								
New York State Hospital	TB	State	300	293	..	Yes	...	477
Rhinebeck,1,769—Dutchess Co.								
Northern Dutchess Health Service Center■	Gen	Indep	30	15	8	Yes	53	691
Richland, 404—Oswego Co.								
Oswego County Sanat.■	TB	County	115	105	..	Yes	...	127
Richmond Hill,—Queens Co.								
Jamaica Hospital◊■	Gen	Indep	134	97	33	Yes	852	4,018
Rochester, 328,132—Monroe Co.								
Belvidere Private Hosp.	Gen	Indiv	16	6	12	No	132	264
Genesee Hospital+◊■	Gen	Indep	184	135	30	Yes	...	4,150
Highland Hospital+◊■	Gen	Indep	200	121	58	Yes	800	4,155
Iola Sanatorium+■	TB	County	400	377	..	Yes	...	802
Monroe County Hosp.■▲	Gen	County	240	243	1	Yes	27	1,436
Park Avenue Hospital◊■	Gen	Indep	81	52	22	No	352	1,766
Rochester Gen. Hosp.◊	Gen	Indep	265	232	40	Yes	953	6,271
Rochester Municipal Hospital (Affil.)+◊■▲	Gen	City	235	200	24	No	308	4,139
Rochester State Hospital◊	N&M	State	2,093	2,155	..	Yes	...	731
St. Mary's Hospital◊■	Gen	Church	174	135	25	Yes	564	4,331
Strong Mem. Hosp.+◊■▲	Gen	Indep	260	145	36	Yes	180	4,713
Rockaway Beach,—Queens Co.								
Neponsit Beach Hospital for Children	Chil	City	120	120	..	No	...	35
Rockaway Beach Hospital and Dispensary■	Gen	Indep	100	64	10	No	267	1,831
Rockville Center, 13,718—Nassau Co.								
South Nassau Communities Hospital■	Gen	Indep	54	46	18	No	689	1,964
Rome, 32,338—Oneida Co.								
Oneida County Hospital■	Gen	County	172	184	8	Yes	43	1,221
Rome and Murphy Memorial Hospital■	Gen	City	65	49	16	No	283	1,820
Rome Infirmary	Gen	Indiv	50	30	18	Yes	8	1,095
Sackets Harbor, 742—Jefferson Co.								
Station Hospital■	Gen	Army	25	20	..	Yes	...	480
Salamanca, 9,577—Cattaraugus Co.								
City Hospital	Gen	City	45	23	10	No	108	841
Salisbury Center, 331—Herkimer Co.								
Pine Crest Sanatorium	TB	County	90	90	..	No	...	57
Saranac Lake, 8,020—Franklin Co.								
General Hospital■	Gen	Indep	35	20	9	No	84	812
National Variety Artists Sanatorium	TB	Indep	125	60	..	No	...	27
Northwoods Sanatorium	TB	Indep	30	30	..	No	...	101
Reception Hospital■	TB	Indiv	20	20	..	No	...	80
St. Mary's of the Lake	TB	Church	30	20	..	No	...	56
Saratoga Springs, 13,169—Saratoga Co.								
Saratoga Hospital◊■	Gen	Indep	89	48	18	Yes	108	1,362
Schenectady, 95,692—Schenady Co.								
Eastern New York Orthopedic Hospital School■	Ortho	Indep	13	12	..	Yes	...	38
Ellis Hospital+◊■	Gen	Indep	246	217	39	Yes	933	6,660
Glenridge Sanatorium■	TB	County	142	98	..	Yes	...	265
Seneca Falls, 6,443—Seneca Co.								
Seneca Falls Hospital	Gen	City	26	12	7	No	84	374
Sherburne, 1,077—Chenango Co.								
Brookside Crest Sanit.■	TB	County	33	35	..	No	...	33
Sodus, 1,444—Wayne Co.								
Myers Hospital■	Gen	Indiv	35	14	7	No	52	388
Sonyea,—Livingston Co.								
Craig Colony◊	Epil	State	1,666	1,722	..	No	...	317
Southampton, 3,737—Suffolk Co.								
Southampton Hospital◊■	Gen	Indep	94	49	12	Yes	215	1,403
Staten Island, 158,346—Richmond Co.								
Richmond Memorial Hosp.■	Gen	Indep	64	30	18	Yes	141	1,122
St. Vincent's Hospital■	Gen	Church	200	105	36	Yes	401	3,349
Sea View Hospital■	TB	City	1,041	1,021	29	No	10	2,335
Staten Island Hospital+◊■	Gen	Indep	231	135	44	Yes	942	4,775
U. S. Marine Hospital+■	Gen	USPHS	288	288	..	Yes	...	3,517
Suffern, 3,757—Rockland Co.								
Good Samaritan Hospital■	Gen	Church	35	23	10	No	105	1,011
Summit Park (Pomona P.O.),—Rockland Co.								
Summit Park Sanatorium	TB	County	46	52	..	No	...	58
Sunmount,—Franklin Co.								
Veterans Admin. Hospital■	TB	VetAd	380	362	..	No	...	371
Syracuse, 209,326—Onondaga Co.								
City Hospital◊	Iso	City	100	45	..	No	...	634
Crouse-Irving Hospital◊■	Gen	Indep	204	130	30	No	626	4,186
General Hospital+◊■	Gen	Indep	85	68	25	Yes	452	2,131
Hospital of the Good Shepherd+◊■	Gen	Indep	240	168	30	No	475	5,106
Onondaga General Hosp.■	Gen	City	52	26	24	No	97	790
Onondaga Sanatorium■	TB	County	245	203	..	Yes	...	232

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Peoples Hospital	Gen	Indep	33	14	10	No	249	491
St. Joseph's Hospital+◊■	Gen	Church	200	133	31	No	421	4,935
St. Mary's Maternity Hosp.	Mater	Church	40	27	22	No	374	514
Syracuse Mem. Hosp.+◊■	Gen	Indep	210	170	40	Yes	763	4,532
Syracuse Psychopathic Hospital	N&M	State	60	50	..	Yes	...	550
Tarrytown, 6,841—Westchester Co.								
Tarrytown Hospital	Gen	Indep	48	36	12	Yes	231	1,232
Ticonderoga, 3,680—Essex Co.								
Moses-Ludington Hospital■	Gen	Indep	43	25	6	No	55	882
Troy, 72,763—Rensselaer Co.								
Leonard Hospital◊	Gen	Indep	53	44	9	No	239	1,549
Marshall Sanitarium	N&M	Indep	60	37	..	No	...	149
St. Joseph's Maternity Hospital	Mater	Church	35	11	25	No	...	.....
Samaritan Hospital+◊■	Gen	Indep	165	84	16	Yes	229	1,100
Troy Hospital+◊■	Gen	Church	250	173	12	Yes	117	2,762
Trudeau, 230—Essex Co.								
Trudeau Sanatorium◊	TB	Indep	102	190	..	No	...	298
Trumansburg, 1,077—Tompkins Co.								
Tompkins County Tuberculosis Hospital	TB	County	30	28	..	Yes	...	53
Tupper Lake, 5,271—Franklin Co.								
Mercy General Hospital■	Gen	Church	32	20	2	No	1	612
Tuxedo Park, 2,000—Orange Co.								
Tuxedo Memorial Hosp.■	Gen	Indep	31	23	10	No	42	584
Utica, 101,740—Oneida Co.								
Broadacres Sanatorium■	TB	County	120	112	..	Yes	...	216
Faxton Hospital◊■	Gen	Indep	161	110	40	No	193	4,291
Masonic Soldiers and Sailors Memorial Hospital	Gen	Frat	200	115	..	No	...	427
St. Elizabeth Hospital◊■	Gen	Church	125	67	20	No	337	2,024
St. Luke's Home+◊■	Gen	Church	123	78	28	No	325	2,170
Utica General Hospital	Gen	City	127	56	8	No	137	1,668
Utica Memorial Hosp.◊■	Gen	Indep	63	41	12	No	194	1,702
Utica State Hospital◊	N&M	State	1,334	1,619	..	Yes	...	563
Valhalla, 629—Westchester Co.								
Grasslands Hospital+◊■▲	Gen	County	652	413	16	Yes	193	3,565
Warsaw, 3,477—Wyoming Co.								
Wyoming County Community Hospital■	Gen	Indep	60	35	11	No	76	1,043
Warwick, 2,443—Orange Co.								
Warwick Hosp. and Clinic■	Gen	Indiv	21	13	4	No	28	342
Waterloo, 4,047—Seneca Co.								
Waterloo Memorial Hosp.■	Gen	Indep	15	9	5	No	56	337
Watertown, 32,205—Jefferson Co.								
House of the Good Samaritan◊■	Gen	Indep	122	94	13	No	181	2,364
Jefferson Co. Tuber. Sanat.	TB	County	78	35	..	No	...	12
Mercy Hospital◊	Gen	Church	104	74	14	No	251	1,933
Waverly, 5,092—Tioga Co.								
Tioga County General Hospital	Gen	County	52	39	12	Yes	65	.....
Wellsville, 5,674—Allegany Co.								
Jones' Memorial Hospital■	Gen	City	45	27	10	No	152	1,157
Westchester,—Bronx Co.								
Station Hospital	Gen	Army	20	2	..	Yes	...	181
West Haverstraw, 2,834—Rockland Co.								
New York State Reconstruction Home+	Ortho	State	170	175	..	Yes	...	89
West Point, 1,250—Orange Co.								
Station Hospital■	Gen	Army	118	55	..	Yes	...	3,876
White Plains, 35,830—Westchester Co.								
Bloomingdale Hospital◊	N&M	Indep	300	251	..	Yes	...	151
New York Orthopedic Dispensary and Hospital■	Ortho	Indep	170	155	..	No	...	546
St. Agnes' Hospital■	Gen	Church	290	107	34	Yes	210	795
White Plains Hospital◊■	Gen	Indep	122	66	22	No	443	2,623
Willard, 200—Seneca Co.								
Willard State Hospital◊	N&M	State	2,243	2,777	1	Yes	...	463
Wingdale, 156—Dutchess Co.								
Harlem Valley State Hosp.	N&M	State	1,370	1,736	..	No	...	246
Woodhaven,—Queens Co.								
St. Anthony's Hospital■	TB	Church	400	363	..	No	...	731
Wynantskill, 167—Rensselaer Co.								
Pawling Sanitarium	TB	County	152	130	..	No	...	204
Yonkers, 134,646—Westchester Co.								
Gray Oaks Hospital	TB	City	55	42	..	No	...	99
House of Rest at Sprain Ridge	TB	Indep	100	29	..	No	...	61
St. John's Riverside Hospital◊■	Gen	Church	165	90	24	Yes	...	2,928
St. Joseph's Hospital+■	Gen	Church	100	77	20	Yes	293	2,263
Yonkers General Hospital◊	Gen	Indep	150	84	50	Yes	736	2,586

Related Institutions

Albany, 127,412—Albany Co.								
Albany County Hospital	Inst	County	98	...	..	Yes	...	.....
Albany's Hospital for Incurables	Incur	Indep	91	91	..	No	...	26
Evergreens Sanat. School	MenDef	Indiv	12	6	..	No	...	9
St. Margaret's House and Hospital	Inst	Indep	38	36	..	No	...	80
Albion, 4,878—Orleans Co.								
Institution for Mentally Defective Delinquent Women	Inst	State	15	6	3	No	14	95
Orleans County Hospital and Home■	Gen	County	31	17	2	No	1	65
Auburn, 36,652—Cayuga Co.								
Auburn State Prison Hosp.■	Inst	State	50	12	..	Yes	...	219
The Pines	N&M	Indiv	12	3	..	...	...	.....
Women's Prison Hosp.■	Inst	State	20	3	2	Yes	...	23
Bath, 4,015—Steuben Co.								
Veterans Adm'n. Home■▲	Inst	VetAd	391	331	..	Yes	...	1,636

Key to symbols and abbreviations is on page 2078

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NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bedford Hills, 1,000—Westchester Co.								
New York State Reformatory for Women■	Inst	State	64	30	8	Yes	...	270
Binghamton, 76,662—Broome Co.								
Binghamton Private Hosp.	Gen	Indiv	14	7	4	No	8	50
Binghamton Train. School for Nervous, Backward and Mental Defectives...	MenDef	Indiv	50	32	..	No	...	6
Dr. Lyon's Sanitarium	N&M	Indiv	10	8	..	No	...	.....
Bresport, 498—Chemung Co.								
Chemung County Almshouse	Inst	County	20	18	..	No	...	.....
Brewster, 1,664—Putnam Co.								
Mountainbrook Farm Sanitarium	Conv	Indiv	25	18	..	No	...	40
Brooklyn, 2,560,401—Kings Co.								
Adelphi Sanitarium	Gen	Indep	84	New	16	No	...	.....
Brooklyn Hebrew Home and Hospital for Aged◆	Inst	Indep	237	235	..	No	...	100
Brooklyn Hebrew Orphan Asylum	Inst	Indiv	30	14	..	No	...	500
Brooklyn Home for Children	Inst	Indep	20	...	..	No	...	.....
Churchill Sanitarium	Gen	Indiv	12	6	3	No	...	.....
Faith Home for Incurables	Incur	Indep	60	60	..	No	...	8
Hamilton Private Hospital	Gen	Indiv	23	23	7	No	55	735
Jewish Sanitarium for Incurables	Incur	Indep	250	200	..	No	...	204
Buffalo, 573,076—Erie Co.								
Buffalo Eye and Ear Infirmary	EENT	Indep	8	...	2	Yes	...	.....
Charity Eye, Ear & Throat Hosp. of Erie County■	EENT	Cy&Co	7	1	..	Yes	...	16
German Roman Catholic Orphan Asylum■	Inst	Church	24	7	..	No	...	203
Parkside Sanit. and Hosp.	Conv	Indiv	40	...	..	No	...	.....
Salvation Army Maternity Hospital and Home■	Mater	Church	7	4	14	No	52	.....
Calcium, 111—Jefferson Co.								
Jefferson County Contagious Hospital	Iso	County	18	1	..	No	...	30
Camden, 1,912—Oneida Co.								
Healthforte—Dr. Bell's Private Rest Home	N&M	Indiv	25	5	..	No	...	7
Canandaigua, 7,541—Ontario Co.								
Canandaigua Health Home	Conv	Indiv	20	14	..	No	...	56
Castile, 900—Wyoming Co.								
Greene Sanitarium	Conv	Indiv	75	25	..	No	...	.....
Chappaqua, 733—Westchester Co.								
Elizabeth Milbank Anderson Home for Conv. Children	Conv	Indep	125	109	..	No	...	885
Cortland, 15,043—Cortland Co.								
Cortland Sanitarium	Conv	Indiv	12	10	..	No	...	.....
Dannemora, 3,348—Clinton Co.								
Clinton Prison General and Tuberculosis Hospital■	Inst	State	219	112	..	Yes	...	473
Delhi, 1,840—Delaware Co.								
Delhi Hospital■	Gen	Cy&Co	11	4	2	No	12	173
Dewittville, 153—Chautauqua Co.								
Chautauqua County Almshouse and Hospital	Inst	County	110	103	..	No	...	.....
Eastview, 161—Westchester Co.								
Solomon and Betty Loeb Mem. Home for Conv.	Conv	Indep	104	108	..	No	...	1,401
Elmira, 47,397—Chemung Co.								
Federation Farm	TB	County	22	21	..	No	...	26
Gleason Health Resort	Conv	Part	50	22	..	No	...	.....
New York State Reformatory◆▲	Inst	State	90	45	..	No	...	2,280
Far Rockaway,—Queens Co.								
Jacob D. Posner Brooklyn Jewish Home for Conv.	Conv	Indep	44	44	..	..	...	927
Wave Crest Conv. Home & Seaside Hospital■	Conv	Indep	120	38	..	No	...	358
Freeport, 15,467—Nassau Co.								
Freeport Nursing Home	Gen	Indiv	9	4	4	No	12	160
Freeport Private Sanit.■	Gen	Indiv	5	3	6	No	44	105
Green Ridge, (Staten Island P.O.)—Richmond Co.								
St. Michael's Home for Destitute Children	Inst	Church	35	5	..	Yes	...	.....
Harrison, 1,485—Westchester Co.								
Miriam Osborn Memorial Home	Inst	Indep	30	18	..	No	...	.....
Herkimer, 10,446—Herkimer Co.								
Herkimer County Hosp.■	Inst	County	18	7	..	No	...	88
Hudson, 12,337—Columbia Co.								
New York State Training School for Girls■	Inst	State	52	7	23	Yes	14	.....
Industry,—Monroe Co.								
State Agricultural and Industrial School■	Inst	State	40	27	..	Yes	...	885
Ithaca, 20,708—Tompkins Co.								
Conklin Sanitarium	Gen	Indiv	9	6	..	No	...	225
Reconstruction Home	Ortho	Indep	60	48	..	Yes	...	90
Katonah, 1,400—Westchester Co.								
Hillbourne Farms	Nerv	Indep	15	8	..	No	...	18
Lake Ronkonkoma, 49—Suffolk Co.								
Gary de Vabre Academy	N&M	Part	18	12	..	No	...	.....
Lockport, 23,160—Niagara Co.								
Odd Fellows' Home	Inst	Frat	32	32	..	No	...	.....
Machias, 627—Cattaraugus Co.								
Cattaraugus County Hospital■	Inst	County	40	15	..	No	...	.....
Marcy, 112—Oneida Co.								
Camp Healthmore	TB	City	50	42	..	No	...	57

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Margaretville, 771—Delaware Co.								
Margaretville Hosp.tal■	Gen	Indep	12	5	2	No	19	161
Millgrove, 110—Erie Co.								
Erie County Home & Infirmary■	Inst	County	585	318	..	No	...	100
Erie Co. Penit. Hospital	Inst	County	30	...	..	No	...	.....
Mineville, 837—Essex Co.								
Mineville Hospital	Indus	Indus	14	10	1	Yes	...	321
Mohegan Lake, 105—Westchester Co.								
Josephine Home	Conv	Indep	50	...	..	No	...	.....
Mt. Vernon, 61,499—Westchester Co.								
Bikur Cholin Conv. Home for Greater New York	Conv	Indep	40	22	..	...	...	800
Napanoch, 633—Ulster Co.								
Institution for Male Defective Delinquents	MenDef	State	850	915	..	No	...	330
Newark, 7,649—Wayne Co.								
Newark State School	MenDef	State	892	1,239	..	No	...	179
New Hartford, 1,885—Oneida Co.								
Children's Hospital Home of Utica	Ortho	Cy&Co	22	2	..	Yes	...	46
New York City, 4,211,699—New York Co.								
Beth Abraham Home for Incurables	Incur	Indep	234	230	..	No	...	105
Branch New York City Reformatory	Inst	City	70	...	..	No	...	.....
Colored Orphan Asylum	Inst	Indep	30	...	..	No	...	239
Correction Hosp.■▲	Inst	City	329	200	..	No	...	5,053
Floating Hospital	Chil	Indep	32	26	..	...	...	.....
Hebrew Conv. Home■	Conv	Indep	85	75	..	No	...	350
Home for Aged and Infirm Hebrews	Inst	Indep	150	120	..	No	...	.....
Home for Hebrew Infants■	Inst	Indep	61	29	..	No	...	725
Home for Incurables	Incur	Church	302	296	..	No	...	136
House of Calvary	Cancer	Church	100	81	..	No	...	.....
House of the Holy Comforter	Incur	Church	100	62	..	No	...	13
Isabella Home	Inst	Indep	92	92	..	No	...	500
Jewish Home for Conv.	Conv	Indep	100	50	..	No	...	.....
New York County Penitentiary▲	Inst	County	50	35	..	No	...	851
St. Andrew's Conv. Hosp.	Conv	Church	30	...	..	...	...	320
St. Rose's Free Home for Incurable Cancer	Cancer	Church	89	75	..	No	...	320
Tonsil Hospital■	N&T	Indep	36	...	..	No	...	.....
Dr. Wiley Wilson's Private Hospital (col.)	Gen	Indiv	8	5	2	No	40	199
Niagara Falls, 75,460—Niagara Co.								
Niagara Falls Municipal Hospital	Iso	City	38	4	..	No	...	131
Onondaga, 266—Onondaga Co.								
Onondaga County Hosp.■	Inst	County	143	125	7	No	39	425
Oriskany, 1,142—Oneida Co.								
Eastern Star Home and Infirmary	Inst	Frat	33	26	..	No	...	.....
Ossining, 15,241—Westchester Co.								
Sing Sing Prison Hosp.■	Inst	State	75	52	..	Yes	...	1,452
Otisville, 869—Orange Co.								
Sunnyside Private Sanat.	TB	Indiv	12	9	..	No	...	48
Oxford, 1,601—Chenango Co.								
New York State Woman's Relief Corps Home■	Inst	State	57	44	..	No	...	129
Patchogue, 6,840—Suffolk Co.								
Bay Avenue Hospital■	Gen	Indiv	14	4	3	No	75	100
Peekskill, 17,125—Westchester Co.								
Noyes Memorial Home	Conv	Church	30	22	..	No	...	66
Pelham Manor, 4,908—Westchester Co.								
Pelham Home for Children	Conv	Indep	30	29	..	No	...	67
Plattsburg, 13,349—Clinton Co.								
Children's Home of Northern New York	Inst	Church	12	1	..	No	...	.....
Pleasantville, 4,540—Westchester Co.								
Hebrew Sheltering Guardian Orphan Asylum	Inst	Indep	31	5	..	Yes	...	376
Pt. Jervis, 10,245—Orange Co.								
Deer Park Hospital	Gen	Indep	16	6	4	No	...	.....
Poughkeepsie, 40,288—Dutchess Co.								
Poughkeepsie City Home and Infirmary■	Inst	City	20	18	..	Yes	...	5
Swift Infirmary-Vassar College	Gen	Indep	30	11	..	Yes	...	387
Remsen, 437—Oneida Co.								
Whitesboro Sanitarium and Adirondack Annex	N&M	Indiv	15	5	..	No	...	7
Rhinebeck, 1,569—Dutchess Co.								
Holiday Farm, Home for Convalescent Children	Conv	Indiv	50	48	..	No	...	344
Rochester, 328,132—Monroe Co.								
Convalescent Hospital for Children■	Conv	Indep	48	38	..	No	...	200
Knorr Sanitarium Convalescent Home	Conv	Indiv	35	30	..	No	...	.....
Rest Haven	Conv	Indiv	12	8	..	No	...	.....
Rockaway Park, (Rockaway Beach P.O.)—Queens Co.								
Convalescent Home for Hebrew Children	Conv	Indep	100	116	..	No	...	582
Rome, 32,338—Oneida Co.								
Rome State School◆	MenDef	State	1,537	3,762	20	Yes	...	452
Schenectady, 95,692—Schenectady Co.								
General Electric Company Industrial Hospital	Indus	Indus	14	6	..	No	...	.....
Schenectady City Hosp.◎	Iso	City	36	21	..	...	...	493
Schenectady County Almshouse and Hospital	Inst	County	40	30	..	No	...	360

Key to symbols and abbreviations is on page 2078

NEW YORK—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Sea Cliff, 3,456—Nassau Co.								
Country Home for Convalescent Babies	Conv	Indep	75	55	..	No	...	.....
Staten Island, 158,346—Richmond Co.								
New York City Farm Colony	Inst	City	60	33	..	No	...	695
Sailors' Snug Harbor Hospital■	Inst	Indep	200	157	..	Yes	...	480
Seaside Hospital■	Chil	Indep	190	181	..	No	...	868
Syracuse, 209,326—Onondaga Co.								
Syracuse State School	MenDef	State	1,028	1,007	..	No	...	105
Thiells, 320—Rockland Co.								
Letchworth Village✦	MenDef	State	2,100	2,786	..	No	...	453
Troy, 72,763—Rensselaer Co.								
Rensselaer County Hosp.■	Chron	County	75	63	..	No	...	218
Troy Orphan Asylum■	Inst	Indep	31	2	..	No	...	521
Tupper Lake, 5,271—Franklin Co.								
Veterans Mountain Camp■	Conv	Indep	52	45	..	No	...	210
Valhalla, 620—Westchester Co.								
Blythedale Home for Convalescent Crippled Child.■	Conv	Indep	72	60	..	No	...	83
Milbank Mem. and Martha Home for Conv. Boys	Conv	Indep	70	65	..	No	...	594
Valley Cottage, 212—Rockland Co.								
Reed Farm and Nichols Cottage Convalescent Home	Conv	Indiv	25	...	..	No	...	.....
Wassaic, 260—Dutchess Co.								
Wassaic State School	MenDef	State	2,900	1,500	..	No	...	524
Watertown, 32,205—Jefferson Co.								
Jefferson County Home	Gen	County	31	30	..	...	...	.....
Wellsville, 5,674—Allegany Co.								
Wellsville Sanitarium	Conv	Indiv	30	7	..	No	...	.....
White Plains, 35,830—Westchester Co.								
Campbell Cottages for Convalescent Children■	Conv	Indep	80	72	..	Yes	...	785
Martine Farm Children's Cardiac Conv. Home	Conv	Indiv	25	25	..	No	...	77
Winifred Masterson Burke Relief Foundation	Conv	Indep	310	295	..	No	...	6,147
Williamsville, 3,119—Erie Co.								
Josephine Goodyear Convalescent Home■	Conv	Indiv	60	46	...	...	...	207
Yonkers, 134,646—Westchester Co.								
Hebrew National Orphan Home	Inst	Indep	9	1	..	Yes	...	74
Leake and Watts Orphan House	Inst	Indep	36	5	..	No	...	163
Sunny Rest Sanitarium	Conv	Indiv	15	10	..	No	...	.....
Yonkers City Hospital for Communicable Diseases■	Iso	City	97	13	..	No	...	179

Summary for New York:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	468	126,486	106,432	970,308
Related institutions	131	16,539	12,389	39,196
Totals	599	143,025	118,821	1,009,504
Refused registration	23	640		

NORTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Albemarle, 3,493—Stanly Co.								
Yadkin Hospital■	Gen	Indep	30	12	4	No	30	480
Asheville, 50,193—Buncombe Co.								
Ambler Heights Sanitarium	TB	Indiv	35	20	..	No	...	36
Appalachian Hall◊	N&M	Indep	175	40	..	No	...	147
Asheville Mission Hosp.◊	Gen	Indep	107	59	17	Yes	231	2,133
Asheville Physiatric Institute	Metab	Indiv	16	7	..	No	...	104
Aston Park Hospital◊	Gen	Indep	68	43	8	Yes	73	1,542
Fairview Cottage Sanat.	TB	Indiv	130	55	..	No	...	.....
Norburn Hospital	Surg	Part	35	16	1	Yes	11	641
St. Joseph's Sanatorium	TB	Church	95	86	..	No	...	114
Sunset Heights	TB	Indep	34	20	..	No	...	53
Violet Hill Sanatorium	TB	Indiv	40	30	..	No	...	30
Zephyr Hill Sanatorium	TB	Indiv	25	19	..	No	...	.....
Badin, 3,040—Stanly Co.								
Badin Hospital■	Gen	Indus	25	9	4	No	30	401
Banners Elk, 340—Avery Co.								
Grace Hospital◊■	Gen	Church	26	26	1	Yes	65	838
Beaufort, 2,957—Carteret Co.								
Potter Emergency Hosp.■	Gen	Indep	12	7	3	No	13	241
Biltmore, 172—Buncombe Co.								
Biltmore Hospital◊	Gen	Indep	53	25	10	Yes	107	837
Hillcroft Sanatorium	TB	Part	60	30	..	No	...	30
Black Mountain, 737—Buncombe Co.								
Beallmont Park Sanat.	N&M	Indep	20	12	..	No	...	.....
Cragmont Sanatorium	TB	Indep	30	18	..	No	...	30
Fellowship Sanatorium	TB	Frat	25	15	..	No	...	18
Burlington, 9,737—Alamance Co.								
Rainey Hospital■	Gen	Part	42	24	2	No	32	819
Charlotte, 82,675—Mecklenburg Co.								
Charlotte Eye, Ear and Throat Hospital	EENT	Part	20	11	..	No	...	1,778
Good Samaritan Hospital (col.)◊	Gen	Church	54	22	6	No	29	886
Mercy Hospital◊	Gen	Church	58	39	17	Yes	152	1,331
New Charlotte Sanat.◊	Gen	Indep	95	69	10	No	...	.....

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Presbyterian Hospital◊	Gen	Church	100	42	20	No	329	2,832
St. Peter's Hospital◊	Gen	Church	66	47	12	No	290	1,669
Cherokee, 35—Swain Co.								
Eastern Cherokee Indian Hospital	Gen	Indian	22	12	2	Yes	...	.....
Concord, 11,820—Cabarrus Co.								
Concord Hospital	Gen	Indep	20	16	5	No	...	.....
Crossnore, 181—Avery Co.								
Garrett Memorial Hosp.	Gen	Indep	18	5	3	Yes	36	174
Durham, 52,037—Durham Co.								
Duke Hospital✦◊	Gen	Indep	406	114	50	Yes	88	3,142
Lincoln Hospital (col.)✦◊	Gen	Indep	99	64	9	Yes	89	1,405
McPherson Hospital	EENT	Indiv	25	6	..	No	...	1,000
Watts Hospital✦◊	Gen	Indep	186	99	24	Yes	271	3,051
Elizabeth City, 10,037—Pasquotank Co.								
Albemarle Hospital■	Gen	Indep	35	11	6	Yes	24	405
Elkin, 2,357—Surry Co.								
Hugh Chatham Mem. Hospital■	Gen	Church	40	16	4	No	...	367
Erwin, 4,000—Harnett Co.								
Good Hope Hospital	Gen	Indus	34	10	7	Yes	...	.....
Fayetteville, 13,049—Cumberland Co.								
Highsmith Hospital✦◊	Gen	Indep	96	56	6	Yes	64	1,935
Pittman Hospital■	Gen	Indep	76	48	10	No	41	1,320
Fletcher, 60—Henderson Co.								
Mountain Sanit. & Hosp.■	Gen	Indep	30	15	..	Yes	2	210
Ft. Bragg, —Cumberland Co.								
Station Hospital■	Gen	Army	150	70	10	Yes	...	1,494
Franklin, 1,094—Macon Co.								
Angel Brothers Hosp.■	Gen	Indiv	50	40	2	Yes	54	3,364
Gastonia, 17,093—Gaston Co.								
City Hospital	Gen	Indep	50	20	8	No	50	500
Gaston Sanatorium◊	Gen	Indep	40	20	8	Yes	...	.....
North Carolina Orthopedic Hosp. for Crippled Chil.	Ortho	State	160	137	..	Yes	...	327
Goldsboro, 14,985—Wayne Co.								
Goldsboro City Hospital■	Gen	Indep	109	27	8	Yes	33	902
Spicer's Sanatorium■	Gen	Indiv	21	9	5	Yes	17	336
State Hospital (col.)	N&M	State	1,919	1,761	..	No	...	.....
Greensboro, 53,569—Guilford Co.								
Clinic Hospital◊	Gen	Indep	45	35	5	Yes	78	1,415
Glenwood Park Sanitarium	N&M	Indiv	30	17	..	No	...	.....
Reaves Eye, Ear, Nose and Throat Infirmary	EENT	Indiv	15	7	..	No	...	.....
L. Richardson Memorial Hospital (col.)✦◊	Gen	Indep	60	25	4	Yes	50	884
St. Leo's Hospital◊	Gen	Church	95	49	8	No	80	1,743
Sternberger Children's Hospital	Gen	Indep	32	20	8	No	147	545
Wesley Long Hospital◊	Gen	Indep	50	29	9	No	49	1,184
Greenville, 9,194—Pitt Co.								
Pitt Community Hospital■	Gen	Indep	32	14	4	No	48	753
Halifax, 321—Halifax Co.								
Halifax County Tuberculosis Sanitarium■	TB	County	24	20	..	No	...	35
Hamlet, 4,801—Richmond Co.								
Hamlet Hospital	Gen	Indep	50	20	6	Yes	...	.....
Henderson, 6,345—Vance Co.								
Jubilee Hospital (col.)	Gen	Church	23	17	2	No	21	351
Maria Parham Hospital	Gen	Indep	46	10	4	No	...	733
Scott Parker Sanatorium	TB	County	14	11	..	Yes	...	.....
Vance County Hospital	Gen	County	20	15	5	Yes	7	.....
Hendersonville, 3,070—Henderson Co.								
Edgemont Sanatorium	TB	Indiv	24	6	..	No	...	.....
Patton Memorial Hosp.■	Gen	Indep	50	13	6	Yes	40	614
Hickory, 7,363—Catawba Co.								
Richard Baker Hospital◊■	Gen	Indiv	35	13	5	Yes	30	594
High Point, 36,745—Guilford Co.								
Guilford General Hosp.◊	Gen	Part	35	22	6	No	101	1,043
High Point Hospital◊	Gen	Indiv	75	54	6	Yes	112	2,051
Huntersville, 800—Mecklenburg Co.								
Mecklenburg Sanatorium■	TB	County	162	149	..	Yes	...	326
Jamestown, 157—Guilford Co.								
Guilford County Sanat.■	TB	County	106	93	..	Yes	...	147
Kinston, 11,362—Lenoir Co.								
Memorial General Hosp.■	Gen	Indep	32	15	3	No	32	815
Parrott Memorial Hosp.◊■	Gen	Indep	55	23	10	No	139	576
Leaksville, 1,814—Rockingham Co.								
Leaksville Hospital◊■	Gen	Indep	35	19	4	No	30	780
Lenoir, 6,532—Caldwell Co.								
Caldwell Hospital■	Gen	Indep	25	10	3	Yes	35	953
Lexington, 9,952—Davidson Co.								
Davidson Hospital	Gen	Indiv	24	11	6	No	32	406
Lincolnton, 3,781—Lincoln Co.								
Gamble Clinic	Gen	Indep	12	8	1	No	12	360
Lincoln Hospital◊■	Gen	Indiv	45	16	2	Yes	45	575
Lumberton, 4,140—Robeson Co.								
Baker Sanatorium◊	Gen	Indiv	60	39	5	Yes	61	1,124
Thompson Memorial Hospital■	Gen	Indep	35	24	6	Yes	45	977
Marion, 2,467—McDowell Co.								
Marion General Hospital■	Gen	Indep	32	New	4	Yes	6	33
Monroe, 6,100—Union Co.								
Ellen Fitzgerald Hospital	Gen	Indiv	45	19	6	Yes	33	740
Quality Hill Sanat. (col.)	Gen	Indep	12	4	2	Yes	6	140
Mooresville, 5,619—Iredell Co.								
Lowrance Hospital	Gen	Indep	35	10	4	No	37	607
Morehead City, 3,483—Carteret Co.								
Morehead City Hospital■	Gen	City	34	13	3	Yes	31	287
Morganton, 6,001—Burke Co.								
Broadoaks Sanatorium	N&M	Indiv	80	42	..	No	...	.....
Grace Hospital◊■	Gen	Church	54	20	10	Yes	90	842
State Hospital	N&M	State	2,059	1,870	..	No	...	.....
Mt. Airy, 6,045—Surry Co.								
Martin Memorial Hosp.◊■	Gen	Indiv	44	27	6	Yes	34	506

Key to symbols and abbreviations is on page 2078

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
New Bern, 11,981—Craven Co.								
St. Luke's Hospital◊	Gen	Part	30	18	5	Yes	...	995
North Wilkesboro, 3,668—Wilkes Co.								
Wilkes Hospital	Gen	Indiv	25	16	3	No	27	577
Oteen, 504—Buncombe Co.								
Veterans Admin. Hospital■	Gen	VetAd	612	580	..	Yes	...	1,204
Oxford, 4,101—Granville Co.								
Brantwood Hospital	Gen	Part	30	15	6	No	18	375
Susie Clay Cheatham Memorial Hospital (col.)	Gen	Indep	14	6	..	No	...	198
Pinehurst, 55—Moore Co.								
Moore County Hospital■	Gen	Indep	33	26	6	Yes	38	734
Raleigh, 37,379—Wake Co.								
Mary Elizabeth Hospital◊	Gen	Indiv	30	15	7	No	71	648
McCauley Private Hospital (col.)	Gen	Indiv	12	4	2	No	9	116
Rex Hospital*◊	Gen	Cy&Co	109	72	16	Yes	244	2,557
St. Agnes Hospital (col.)*◊	Gen	Church	90	60	10	Yes	87	871
State Hospital◊	N&M	State	2,150	1,843	..	No	...	711
Reidsville, 6,851—Rockingham Co.								
Annie Penn Mem. Hospital	Gen	Indiv	50	25	6	...	...	.....
Roanoke Rapids, 3,404—Halifax Co.								
Roanoke Rapids Hosp.◊■	Gen	Indep	78	62	13	Yes	224	1,824
Rocky Mount, 21,412—Edgecombe Co.								
Atlantic Coast Line Hosp.■	Indus	Indus	50	28	..	Yes	...	787
Park View Hospital*◊■	Gen	Indep	92	58	8	Yes	92	1,512
Rocky Mount Sanit.◊■	Gen	Indep	42	26	5	Yes	41	697
Rutherfordton, 2,026—Rutherford Co.								
Rutherford Hospital◊■	Gen	Indep	62	37	2	Yes	22	1,437
Salisbury, 16,951—Rowan Co.								
Rowan General Hospital	Gen	Indep	50	35	10	No	...	.....
Sanatorium, 57—Hoke Co.								
North Carolina Sanat.*◊■	TB	State	400	383	..	Yes	...	.....
Sanford, 4,253—Lee Co.								
Lee County Hospital	Gen	County	47	11	8	Yes	5	209
Shelby, 10,789—Cleveland Co.								
Shelby Hospital◊■	Gen	County	44	24	6	Yes	72	910
Smithfield, 2,543—Johnston Co.								
Johnston County Hosp.■	Gen	Indep	40	20	6	No	78	780
Southern Pines, 2,324—Moore Co.								
Pine Crest Manor Sanat.	TB	Indep	60	42	..	No	...	99
Southport, 1,760—Brunswick Co.								
Brunswick County Hosp.■	Gen	Cy&Co	35	11	5	Yes	25	332
Statesville, 10,490—Iredell Co.								
Davis Hospital*◊■	Gen	Indep	120	65	12	Yes	32	891
Long's Sanatorium◊■	Gen	Indiv	50	38	6	Yes	75	1,443
Sylva, 1,340—Jackson Co.								
C. J. Harris Community Hospital■	Gen	Indep	25	9	1	Yes	11	133
Tarboro, 6,379—Edgecombe Co.								
Edgecombe County Tuberculosis Sanitarium	TB	County	25	...	1	No	...	.....
Edgecombe General Hosp.■	Gen	Indep	49	12	6	Yes	27	691
Thomasville, 16,060—Davidson Co.								
City Memorial Hospital■	Gen	City	31	10	3	No	12	233
Tryon, 1,670—Polk Co.								
St. Luke's Hospital■	Gen	Indep	28	9	3	Yes	21	334
Wadesboro, 3,124—Anson Co.								
Anson Sanatorium◊■	Gen	Indep	40	22	7	No	53	697
Washington, 7,035—Beaufort Co.								
River View Hospital	Gen	Indep	12	10	5	Yes	...	.....
Taylor Hospital◊■	Gen	Indep	35	19	6	Yes	38	875
Waynesville, 2,414—Haywood Co.								
Haywood County Hosp.■	Gen	County	50	21	4	Yes	29	693
Wilmington, 32,270—New Hanover Co.								
Bullock Hospital	Gen	Indiv	35	10	3	Yes	26	366
Community Hospital (col.)	Gen	Indep	25	15	4	Yes	53	458
James Walker Memorial Hospital*◊■	Gen	Indep	130	99	20	Yes	480	3,052
Wilmington Tuberculosis Sanatorium■	TB	Indep	34	30	..	Yes	...	49
Wilson, 12,613—Wilson Co.								
Mercy Hospital (col.)	Gen	Cy&Co	18	5	2	No	8	280
Moore-Herring Hospital	Gen	Indep	33	20	2	Yes	38	784
Winston-Salem, 75,274—Forsyth Co.								
City Memorial Hosp.*◊■	Gen	City	213	77	23	Yes	270	3,132
Forsyth County Tuberculosis Sanatorium■	TB	County	150	133	..	Yes	...	217
North Carolina Baptist Hospital◊	Gen	Church	90	66	16	No	326	2,725
Wrightsville Sound,—New Hanover Co.								
Babies Hospital	Chil	Indep	35	10	5	Yes	...	160
Related Institutions								
Asheville, 50,193—Buncombe Co.								
Elmhurst Cottage Sanit.	TB	Indiv	25	20	..	No	...	21
Mary Smith Sanit. (col.)	TB	Indiv	10	4	...	...	...	.....
Oakland Sanitarium	TB	Part	28	25	..	No	...	25
Royo Cottage Sanitarium	TB	Indiv	30	20	..	No	...	.....
Sherwood Sanitarium	TB	Indiv	20	15	..	No	...	21
Candler, 50— Buncombe Co.								
Pisgah Sanitarium	Conv	Church	25	10	..	Yes	...	.....
Charlotte, 82,675—Mecklenburg Co.								
Florence Crittenton Industrial Home	Mater	Indep	6	1	6	No	34	80
Junior League Baby Hosp.	Chil	Indep	22	3	..	No	...	52
Thompson Orphanage and Training Institution	Inst	Church	14	2	..	...	...	160
Davidson, 1,445—Mecklenburg Co.								
Davidson College Infirm.	Inst	Indep	17	...	..	No	...	.....
Fayetteville, 13,049—Cumberland Co.								
Fayetteville Eye, Ear, Nose and Throat Hospital■	EENT	Part	12	1	..	Yes	...	309
Franklin, 1,094—Macon Co.								
Lyle Hospital	Gen	Indiv	10	4	...	...	26	.....

NORTH CAROLINA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Gastonia, 17,093—Gaston Co.								
Gaston Colored Hospital	Gen	Cy&Co	12	2	..	No	...	.....
Greensboro, 53,569—Guilford Co.								
Penmar Sanitarium	Dr&Al	Part	8	6	..	No	...	.....
Hendersonville, 5,076—Henderson Co.								
Dixon Health Resort	Conv	Indiv	20	5	..	No	...	25
Kinston, 11,362—Lenoir Co.								
Caswell Training School	MenDef	State	500	633	..	No	...	.....
North Wilkesboro, 3,668—Wilkes Co.								
Wilkes County Tuber. Hut	TB	County	14	New	..	No	...	.....
Oxford, 4,101—Granville Co.								
William J. Hicks Memorial Hospital	Inst	Frat	72	10	6	No	...	.....
Raleigh, 37,379—Wake Co.								
North Carolina State School for the Blind and Deaf.	Inst	State	18	5	..	No	...	270
Wake County Home Hosp.■	Inst	County	110	105	..	No	...	29
Saluda, 558—Polk Co.								
Infants & Children's Sanit.	Chil	Indiv	55	32	..	Yes	...	230
Spartanburg Baby Hosp.	Chil	Indep	56	33	..	No	...	.....
Tarboro, 6,379—Edgecombe Co.								
Bass Memorial Hospital	Gen	Indiv	7	4	5	No	10	217
Thomasville, 16,060—Davidson Co.								
Mills Home Infirmary	Inst	Church	30	...	..	No	...	385
Wake Forest, 1,536—Wake Co.								
Wake Forest College Hosp.	Inst	Indep	16	...	..	No	...	.....
Winston-Salem, 75,274—Forsyth Co.								
Heath Memorial Infirmary of the Children's Home.	Inst	Church	48	7	..	No	...	190

Summary for North Carolina:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	132	14,231	10,324	92,612
Related institutions	26	1,185	953	2,023
Totals	158	15,416	11,277	94,635
Refused registration	6	183		

NORTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Belcourt, 205—Rolette Co.								
Belcourt Hospital	Gen	Indian	50	20	5	Yes	32	352
Bismarck, 11,090—Burleigh Co.								
Bismarck Hospital*◊	Gen	Church	128	102	12	No	211	2,654
St. Alexius Hospital◊	Gen	Church	170	85	10	No	215	2,518
Bottineau, 1,322—Bottineau Co.								
St. Andrew's Hospital◊■	Gen	Church	70	32	8	No	118	1,051
Bowman, 888—Bowman Co.								
Bowman Hospital	Gen	Indiv	10	3	6	No	37	151
Carrington, 1,717—Foster Co.								
Carrington Hospital	Gen	Indep	25	10	6	No	60	600
Devils Lake, 5,451—Ramsey Co.								
General Hospital◊■	Gen	Indep	38	23	8	Yes	94	1,804
Mercy Hospital◊■	Gen	Church	60	38	12	No	116	1,117
Dickinson, 5,025—Stark Co.								
St. Joseph's Hospital	Gen	Church	68	39	10	No	155	1,004
Drayton, 502—Pembina Co.								
Drayton Hosp.tal■	Gen	Indep	14	7	2	Yes	9	291
Edgeley, 821—La Moure Co.								
Edgeley Hospital	Gen	Indiv	12	6	..	No	6	260
Fargo, 28,619—Cass Co.								
St. John's Hospital*◊	Gen	Church	170	87	30	No	495	3,188
St. Luke's Hospital◊	Gen	Church	108	67	17	No	190	2,529
Veterans Admin. Hospital■	Gen	VetAd	57	49	..	Yes	...	557
Ft. Totten, 61—Benson Co.								
Ft. Totten Hospital	Gen	Indian	31	9	4	Yes	14	515
Ft. Yates, 400—Sioux Co.								
Standing Rock Indian Hospital	Gen	Indian	36	13	3	Yes	36	459
Grafton, 3,136—Walsh Co.								
Grafton Deaconess Hosp.◊	Gen	Church	44	24	6	No	184	1,007
Grand Forks, 17,112—Grand Forks Co.								
Grand Forks Deaconess Hospital◊■	Gen	Indep	85	45	25	No	244	2,049
St. Michael's Hospital◊	Gen	Church	55	37	15	Yes	222	1,363
Harvey, 2,157—Wells Co.								
Good Samaritan Hospital and Sanitarium	Gen	Indep	18	7	6	No	97	492
Jamestown, 8,187—Stutsman Co.								
North Dakota State Hospital for Insane*	N&M	State	1,600	1,487	..	Yes	...	514
Trinity Hospital◊	Gen	Church	80	46	15	No	181	1,384
Kenmare, 1,494—Ward Co.								
Kenmare Deaconess Hosp.	Gen	Church	45	7	5	No	61	440
Mandan, 5,057—Morton Co.								
Mandan Deaconess Hosp.■	Gen	Church	35	13	6	No	76	516
McVille, 513—Nelson Co.								
Community Hospital	Gen	Indep	12	8	1	No	40	300
Minot, 16,099—Ward Co.								
McCannel's Private Hosp.	EENT	Indiv	15	10	1	No	...	675
St. Joseph's Hospital◊■	Gen	Church	86	53	14	No	149	1,043
Trinity Hospital◊■	Gen	Church	173	88	16	No	244	2,493
New Rockford, 2,195—Eddy Co.								
Donahue Hospital	Gen	Indiv	10	3	3	No	18	110
Northwood, 971—Grand Forks Co.								
Northwood Deaconess Hospital and Home	Gen	Indep	30	7	4	No	32	310
Rolette, 428—Rolette Co.								
Hayhurst Hospital	Gen	Indiv	15	8	5	No	62	331

Key to symbols and abbreviations is on page 2078

NORTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Rugby, 1,512—Pierce Co.								
Good Samaritan Hosp.◊■	Gen	Church	45	38	12	No	166	1,222
San Haven,—Rolette Co.								
North Dakota State Tuberculosis Sanatorium◊■	TB	State	240	208	..	No	...	250
Valley City, 5,268—Barnes Co.								
Mercy Hospital◊■	Gen	Church	75	35	11	No	81	1,350
Wahpeton, 3,176—Richland Co.								
Wahpeton Hospital	Gen	Part	29	17	5	No	75	540
Willston, 5,106—Williams Co.								
Good Samaritan Hospital	Gen	Church	43	17	7	No	66	690
Mercy Hospital◊■	Gen	Church	75	27	10	No	96	1,157
Related Institutions								
Arthur, 322—Cass Co.								
Evangelical Lutheran Good Samaritan Home	Inst	Church	105	96	..	...	...	.....
Arvilla, 348—Grand Forks Co.								
Grand Forks Co. Hosp.■	Inst	County	60	40	..	No	...	18
Beach, 1,263—Golden Valley Co.								
Beach Community Hosp	Gen	Indep	10	2	4	...	24	68
Bismarck, 11,090—Burleigh Co.								
North Dakota State Penitentiary Hospital■	Inst	State	50	28	..	No	...	.....
Cando, 1,164—Towner Co.								
Cando Hospital	Gen	Indiv	5	3	3	No	11	63
Elgin, 505—Grant Co.								
Community Hospital	Gen	Indep	8	3	2	No	17	90
Fargo, 28,619—Cass Co.								
Camp Maternity Hospital	Mater	Indiv	15	5	12	No	128	119
Cass County Hospital■	Gen	County	25	20	3	No	14	144
City Detention Hospital	Iso	City	45	3	..	No	...	47
Florence Crittenton Home	Mater	Indep	11	4	36	...	98	99
Grafton, 3,136—Walsh Co.								
North Dakota Institution for the Feebleminded	MenDef	State	698	658	..	No	...	71
Grand Forks, 17,112—Grand Forks Co.								
Grand Forks City Hosp.	Iso	City	18	...	..	No	...	47
Linton, 1,192—Emmons Co.								
Wolverton Hospital	Gen	Indiv	7	3	5	No	...	.....
Lisbon, 1,659—Ransom Co.								
Lisbon Hospital	Gen	Part	8	2	2	No	15	91
Mayville, 1,139—Traill Co.								
Union Hospital	Gen	Indep	8	3	1	No	46	225
Wahpeton, 3,176—Richland Co.								
Wahpeton Indian School Hospital	Gen	Indian	28	7	..	No	...	303

Summary for North Dakota:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	37	3,817	2,775	37,335
Related institutions	16	1,101	877	1,385
Totals	53	4,918	3,652	38,720
Refused registration	3	55		

OHIO

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Akron, 255,040—Summit Co.								
Akron Eye, Ear, Nose and Throat Hospital	EENT	Part	11	5	..	...	...	.....
Children's Hospital●■	Chil	Indep	110	80	..	Yes	...	2,353
City Hospital●◊■	Gen	Indep	312	190	38	Yes	966	5,346
Peoples Hospital◊■	Gen	Indep	160	90	38	No	614	3,132
St. Thomas Hospital●◊■	Gen	Church	154	91	29	No	556	3,093
Alliance, 23,047—Stark Co.								
Alliance City Hospital◊■	Gen	City	81	41	14	No	198	1,450
Amherst, 2,844—Lorain Co.								
Pleasant View Sanat.	TB	County	76	60	..	Yes	...	60
Ashland, 11,141—Ashland Co.								
Samaritan Hospital◊■	Gen	Indep	26	20	12	No	112	537
Ashtabula, 23,301—Ashtabula Co.								
Ashtabula General Hosp.◊■	Gen	Indep	90	45	14	No	136	1,322
Athens, 7,252—Athens Co.								
Athens State Hospital	N&M	State	1,545	1,402	..	No	...	256
Sheltering Arms Hospital■	Gen	Indiv	25	8	5	No	...	332
Barberton, 25,564—Summit Co.								
Citizens Hospital■	Gen	Indep	49	31	9	Yes	117	1,146
Bedford, 6,814—Cuyahoga Co.								
Bedford Municipal Hosp.■	Gen	City	24	12	8	Yes	109	602
Bellaire, 13,227—Belmont Co.								
City Hospital■	Gen	Indep	45	27	5	No	58	845
Bellefontaine, 9,543—Logan Co.								
Harbert Hospital■	EENT	Indiv	10	2	..	No	...	72
Bellevue, 6,256—Huron Co.								
Bellevue Hospital■	Gen	Indep	29	9	6	No	53	304
Berea, 5,697—Cuyahoga Co.								
Community Hospital■	Gen	Indep	32	20	8	No	129	776
Bucyrus, 10,027—Crawford Co.								
Bucyrus City Hospital	Gen	City	21	10	4	No	27	335
Cambridge, 14,613—Guernsey Co.								
Swan Hospital	Gen	Indiv	20	7	4	No	11	240
Wells Hospital■	Gen	Indep	32	15	8	Yes	31	530
Canton, 104,906—Stark Co.								
Aultman Hospital◊	Gen	Indep	135	85	24	No	370	2,628
Mercy Hospital●◊	Gen	Church	192	82	33	No	323	3,488
Molly Stark Sanatorium■	TB	County	162	132	..	No	...	239
Schauffell-Little Flower Hospital	(Included in Mercy Hospital)							
Celina, 4,664—Mercer Co.								
Otis Hospital	Gen	Indiv	19	7	4	No	15	248

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Chillicothe, 18,340—Ross Co.								
Chillicothe Hospital■	Gen	Indep	42	29	6	No	61	600
Mt. Logan Sanatorium■	TB	County	56	48	..	No	...	50
Veterans Admin. Hospital	N&M	VetAd	614	625	..	No	...	461
Cincinnati, 451,160—Hamilton Co.								
Bethesda Hospital●◊■	Gen	Church	240	153	54	Yes	989	5,085
Children's Hospital●⊕■	Chil	Church	155	98	..	Yes	...	2,032
Christ Hospital●◊■	Gen	Church	318	136	48	Yes	529	5,672
Christian R. Holmes Hosp.	Gen	City	50	16	..	No	...	526
Cincinnati Gen. Hosp.●◊■▲	Gen	City	860	832	65	No	1,347	13,233
Cincinnati Sanitarium✚	N&M	Indep	100	87	..	No	...	133
Deaconess Hospital●◊	Gen	Church	150	109	25	No	496	2,483
Good Samaritan Hospital●◊■▲	Gen	Church	464	364	72	Yes	1,413	10,555
Grandview Hospital	N&M	Indep	40	36	..	No	...	.....
Hamilton Co. T.B. Sanat.	TB	County	439	340	..	No	...	388
Jewish Hospital●◊▲	Gen	Indep	235	145	37	No	622	4,100
Longview State Hospital	N&M	State	1,674	2,016	..	Yes	...	598
Murphy Memorial Hospital	EENT	Part	12	4	..	No	...	838
Ophthalmic Hospital■	EENT	Indiv	10	3	..	Yes	...	225
St. Mary Hospital●◊■	Gen	Church	203	128	..	Yes	...	3,265
Circleville, 7,369—Pickaway Co.								
Berger Hospital■	Gen	City	25	11	6	No	29	338
Cleveland, 900,429—Cuyahoga Co.								
Babies and Children's Hospital●◊	Chil	Indep	131	95	..	Yes	...	1,027
Charity Hospital●◊■	Gen	Church	301	221	..	Yes	...	6,328
City Hospital●◊■▲	Gen	City	1,100	993	50	Yes	885	10,181
Cleveland Clinic Hosp.■	Gen	Indep	229	173	..	No	...	5,821
Cleveland State Hosp.◊	N&M	State	1,700	2,028	..	No	...	260
East 55th Street Hospital	Gen	Indep	60	11	12	No	12	278
Evangelical Hospital■	Gen	Church	109	47	35	No	488	1,725
Evangelical Lutheran Hospital◊■	Gen	Church	114	71	31	No	538	2,420
Fairview Park Hospital◊■	Gen	Church	92	65	18	Yes	403	2,321
Glenville Hospital◊■	Gen	Indep	83	54	17	Yes	328	1,729
Grace Hospital■	Gen	Indep	32	22	..	No	1	1,384
Huron Road Hospital◊■	Gen	Indep	108	75	12	Yes	261	2,918
Lakeside Hospital●◊■	Gen	Indep	262	225	..	Yes	...	6,737
Maternity Hospital●⊕■	Mater	Indep	150	95	150	Yes	2,315	2,600
Mt. Sinai Hospital●◊■	Gen	Indep	220	141	45	Yes	663	6,434
Polyclinic Hospital■	Gen	Indep	60	44	15	No	195	1,989
Provident Hospital	Gen	Indep	25	10	12	No	140	395
St. Alexis Hospital●◊■	Gen	Church	220	181	..	Yes	...	4,894
St. Ann's Maternity Hospital●⊕■	Mater	Church	59	47	59	No	1,432	1,553
St. John's Hospital●◊■	Gen	Church	184	145	28	Yes	831	4,564
St. Luke's Hospital●◊■	Gen	Church	345	238	55	Yes	1,223	8,460
U. S. Marine Hospital■	Gen	USPHS	251	209	..	Yes	...	2,077
Windsor Hospital	N&M	Indep	70	69	..	No	...	294
Woman's Hospital■	Gen	Indep	89	65	31	No	690	2,547
Columbus, 290,564—Franklin Co.								
Children's Hospital●⊕■	Chil	Indep	100	64	..	Yes	...	1,838
Columbus Radium Hosp.	Gen	Indep	32	20	6	No	93	1,069
Columbus State Hospital●	N&M	State	2,200	2,457	..	No	...	603
Franklin County Sanat.■	TB	County	210	184	..	Yes	...	286
Dr. Gaver Sanitarium	N&M	Indiv	25	...	..	No	...	.....
Grant Hospital●◊■	Gen	Indep	300	224	30	No	551	6,237
McMillen Sanitarium	N&M	Indep	30	25	..	No	...	113
Mercy Hospital◊■	Gen	Indep	65	51	12	Yes	120	1,625
Mt. Carmel Hospital●◊■	Gen	Church	213	156	25	No	362	3,607
St. Ann's Infant Asylum and Maternity Hospital	Mater	Church	25	14	25	No	480	505
St. Clair Hospital■	Gen	Indep	27	10	3	No	16	488
St. Francis Hospital●	Gen	Church	150	102	..	No	...	2,645
Sanor Eye, Ear, Nose and Throat Hospital	EENT	Indiv	15	2	..	Yes	...	300
Starling-Loving University Hospital●◊■	Gen	State	251	175	25	No	383	4,680
Station Hospital■	Gen	Army	68	20	4	Yes	10	404
White Cross Hospital●◊■	Gen	Church	250	167	28	Yes	544	5,689
Conneaut, 9,691—Ashtabula Co.								
Brown Memorial Hospital■	Gen	Indep	30	13	5	No	77	500
Cortland, 940—Trumbull Co.								
Dr. McCurley's Private Hospital■	Gen	Indiv	10	6	3	No	23	124
Coshocton, 10,908—Coshocton Co.								
Coshocton City Hosp.◊■	Gen	City	39	22	8	No	80	1,027
Crestline, 4,425—Crawford Co.								
Crestline Emerg. Hosp.■	Gen	Indep	15	6	4	No	21	173
Cuyahoga Falls, 19,797—Summit Co.								
Fair Oaks Villa	N&M	Indep	60	55	..	No	...	149
Dayton, 200,982—Montgomery Co.								
Dayton State Hospital✚	N&M	State	1,100	1,357	..	Yes	...	358
Miami Valley Hospital◊■	Gen	Indep	352	312	44	Yes	1,325	9,390
Orchard Springs Sanit.	N&M	Indep	22	15	..	No	...	48
St. Ann's Maternity Hosp.	(Maternity Dept. of St. Elizabeth's Hosp.)							
St. Elizabeth Hospital◊■	Gen	Church	385	340	35	Yes	1,102	5,811
Stillwater Sanitarium	TB	County	94	87	..	No	...	125
Defiance, 6,918—Defiance Co.								
Defiance Hospital	Gen	Indep	15	6	4	No	17	263
Dennison, 4,529—Tuscarawas Co.								
Twin City Hospital■	Gen	Indep	30	10	5	No	36	327
Dover, 9,716—Tuscarawas Co.								
Union Hospital■	Gen	Indep	75	32	10	No	64	843
East Akron,—Summit Co.								
Springfield Lake Sanat.■	TB	County	228	236	..	Yes	...	157
East Liverpool, 23,329—Columbiana Co.								
East Liverpool City Hospital◊■	Gen	City	87	40	13	Yes	...	1,490
Elyria, 25,633—Lorain Co.								
Elyria Clinic Hospital	Gen	Indep	20	13	..	No	...	804
Elyria Memorial Hosp.◊■	Gen	Indep	124	80	30	Yes	405	1,675
Gates Hospital for Crippled Children	(Included in Elyria Memorial Hospital)							

Key to symbols and abbreviations is on page 2078

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OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Findlay, 19,363—Hancock Co.								
Home and Hospital§■	Gen	City	63	28	12	No	110	1,043
Fremont, 15,422—Sandusky Co.								
Community Hospital■	Gen	Indiv	14	10	4	No	18	332
Memorial Hospital of Sandusky County§■	Gen	County	38	31	12	No	176	850
Galion, 7,674—Crawford Co.								
Good Samaritan Hospital■	Gen	City	12	5	4	No	17	188
Gallipolis, 7,106—Gallia Co.								
Holzer Hospital§■	Gen	Part	51	34	4	Yes	29	1,199
Ohio Hosp. for Epileptics	Epil	State	1,835	2,001	..	No	...	284
Greenville, 7,936—Darke Co.								
Greenville Hospital■	Gen	Indep	28	14	4	No	42	486
Hamilton, 52,176—Butler Co.								
Ft. Hamilton Hospital§■	Gen	Indep	84	36	24	Yes	319	1,317
Mercy Hospital*§■	Gen	Church	195	88	25	Yes	473	2,152
Hicksville, 2,345—Defiance Co.								
Amaden Hospital	Gen	Indiv	10	3	2	No	5	134
Hillsboro, 4,040—Highland Co.								
Hillsboro Hospital■	Gen	Indep	17	6	4	Yes	16	242
Ironton, 16,621—Lawrence Co.								
Charles S. Gray Deaconess Hospital■	Gen	City	28	15	5	No	48	442
Kenton, 7,993—Hardin Co.								
McKittrick Hospital■	Gen	Indep	21	17	4	Yes	41	419
San Antonio Hospital■	Gen	Church	20	12	4	No	13	438
LaCarne,—Ottawa Co.								
Station Hospital■	Gen	Army	20	3	..	Yes	1	88
Lakewood, 70,509—Cuyahoga Co.								
Lakewood City Hospital§	Gen	Indep	62	50	16	Yes	...	.....
Lima, 42,287—Allen Co.								
District Tuberculosis Hospital■	TB	County	56	48	..	Yes	...	122
Lima Hospital§■	Gen	Indep	80	60	10	No	226	1,980
Lima State Hospital	N&M	State	1,019	1,055	..	No	...	.....
St. Rita's Hospital§◇■	Gen	Church	100	61	16	Yes	229	1,856
Lodi, 1,277—Medina Co.								
Lodi Hospital■	Gen	Indep	17	8	5	No	34	336
Logan, 6,080—Hocking Co.								
Cherrington Hospital■	Gen	Part	35	11	4	No	19	290
Lorain, 44,512—Lorain Co.								
St. Joseph Hospital§■	Gen	Church	100	50	20	Yes	373	2,119
Mansfield, 33,525—Richland Co.								
Mansfield General Hosp.§■	Gen	Indep	62	58	12	No	289	.....
Thomas Hospital■	Gen	Indiv	14	4	4	No	34	158
Marietta, 14,285—Washington Co.								
Marietta Memorial Hosp.■	Gen	Indep	54	29	10	No	82	905
Tremont Hospital■	Gen	Indiv	12	3	3	No	24	111
Marion, 31,084—Marion Co.								
Marion City Hospital■	Gen	City	38	27	12	No	130	830
Sawyer Sanatorium	N&M	Part	40	28	..	No	...	121
Martins Ferry, 14,524—Belmont Co.								
Martins Ferry Hospital§■	Gen	Indep	70	49	5	No	94	2,129
Massillon, 26,400—Stark Co.								
Massillon Hospital§	Gen	Indep	92	57	14	No	316	2,235
Massillon State Hospital✚	N&M	State	1,925	2,654	..	Yes	...	739
McConnelsville, 1,754—Morgan Co.								
Rocky Glen Sanatorium	TB	Indep	127	113	..	No	...	138
Mentor, 1,589—Lake Co.								
Dellhurst Sanitarium	N&M	Indep	100	80	..	No	...	.....
Middletown, 29,992—Butler Co.								
Middletown Hospital■	Gen	Indep	86	55	14	Yes	318	1,457
Montpelier, 3,677—Williams Co.								
Wertz Hospital	Gen	Indiv	10	4	..	No	...	79
Mt. Vernon, 9,370—Knox Co.								
Hinde-Ball Mercy Hospital	Gen	Church	38	15	10	No	76	574
Mt. Vernon Hospital-Sanit.	Gen	Indiv	55	23	6	Yes	...	.....
Ohio State Sanatorium*■	TB	State	240	226	..	No	...	466
Napoleon, 4,345—Henry Co.								
S. M. Heller Memorial Hospital	Gen	City	16	8	..	No	12	265
Newark, 30,596—Licking Co.								
Newark Hospital§■	Gen	Indep	100	34	17	No	150	1,283
Norwalk, 7,776—Huron Co.								
Norwalk Memorial Hosp.■	Gen	Indep	27	10	8	No	88	340
Oberlin, 4,292—Lorain Co.								
Allen Hospital, Oberlin College■	Gen	Indep	36	13	5	Yes	50	812
Oxford, 2,588—Butler Co.								
Oxford Retreat	N&M	Indep	30	20	..	No	...	.....
Perrysburg, 3,182—Wood Co.								
Community Hospital	Gen	Indiv	11	5	3	No	13	179
Rheinfrank Hospital	Goiter	Indiv	13	8	..	No	...	300
Piqua, 16,009—Miami Co.								
Ball Memorial Hospital§■	Gen	Indep	54	30	6	No	144	1,069
Pt. Clinton, 4,408—Ottawa Co.								
Pool Hospital■	Gen	Indiv	16	9	3	No	12	303
Portsmouth, 42,560—Scioto Co.								
Mercy Hospital§	Gen	Church	65	30	10	No	121	1,163
Portsmouth Gen. Hosp.§■	Gen	City	90	41	10	No	113	1,370
Schirrmann Hospital■	Gen	Indiv	50	22	6	Yes	33	660
St. Clairsville, 2,440—Belmont Co.								
Belmont Sanatorium	TB	County	56	55	..	No	...	60
Salem, 10,622—Columbiana Co.								
Central Clinic and Hosp.■	Gen	Indep	30	23	6	Yes	71	609
Salem City Hospital■	Gen	Indep	48	20	10	No	75	835
Sandusky, 24,622—Erie Co.								
Good Samaritan Hosp.§■	Gen	Indep	56	38	9	No	137	1,104
Providence Hospital§■	Gen	Church	50	28	10	No	161	839
Shelby, 6,198—Richland Co.								
Shelby Memorial Hospital■	Gen	Indep	26	15	5	No	99	473
Sidney, 9,301—Shelby Co.								
Wilson Memorial Hosp.■	Gen	Indep	24	12	6	No	36	393
South Euclid, 4,389—Cuyahoga Co.								
Rainbow Hosp. for Crip. & Convalescent Children	Ortho	Indep	100	92	..	No	...	240

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Springfield, 68,743—Clark Co.								
Clark County Tuberculosis Sanatorium■	TB	County	120	78	..	No	...	115
Quinn Private Hospital	Gen	Indiv	18	7	6	No	68	240
Springfield City Hosp.*§■	Gen	City	110	98	30	Yes	423	2,641
Steubenville, 35,422—Jefferson Co.								
Gill Memorial Hospital	Gen	Church	30	17	2	No	11	575
Ohio Valley Hospital§	Gen	Indep	115	78	10	No	217	2,418
Tiffin, 16,428—Seneca Co.								
Mercy Hospital■	Gen	Church	35	24	8	No	117	794
Toledo, 290,718—Lucas Co.								
East Side Hospital■	Gen	Indep	41	17	5	No	35	782
Flower Hospital*◇■	Gen	Church	110	79	40	No	374	2,483
Lucas Co. Gen. Hosp.◇■	Gen	County	315	161	33	Yes	381	3,240
Lucas Co. Tuber. Hosp.■	TB	County	191	127	..	No	...	239
Mercy Hospital*◇■	Gen	Church	101	85	20	Yes	398	2,261
Robinwood Hospital§	Gen	Church	91	50	13	No	170	1,452
St. Vincent's Hospital*◇■	Gen	Church	342	172	45	Yes	842	10,185
Toledo Hospital◇■	Gen	Indep	230	111	25	No	360	3,280
Toledo Sanitarium	N&M	Indep	28	8	..	No	...	103
Toledo State Hospital*◇	N&M	State	1,908	2,163	..	Yes	...	518
Women's and Children's Hospital*◇■	Gen	Indep	148	56	32	Yes	401	1,491
Troy, 8,075—Miami Co.								
Stouder Memorial Hosp.■	Gen	City	40	18	10	No	41	879
Urbana, 7,742—Champaign Co.								
Champaign County Hosp.■	Gen	County	30	14	4	No	74	358
Van Wert, 8,472—Van Wert Co.								
Van Wert County Hosp.§■	Gen	County	50	18	9	Yes	39	439
Wadsworth, 5,930—Medina Co.								
Wadsworth Municipal Hosp.	Gen	City	25	12	12	No	85	505
Warren, 41,062—Trumbull Co.								
St. Joseph's Riverside Hospital■	Gen	Church	40	32	10	No	211	1,169
Trumbull County Tuberculosis Sanatorium■	TB	County	50	50	..	Yes	...	58
Warren City Hospital§■	Gen	Indep	107	81	18	No	343	2,425
Warrensville, 1,707—Cuyahoga Co.								
Sunny Acres, Cleveland Tuberculosis Sanatorium■	TB	City	460	313	..	No	...	710
Wauseon, 2,889—Fulton Co.								
De Ette Harrison Detwiler Memorial Hospital✚■	Gen	Indep	46	27	10	Yes	60	813
Willard, 4,514—Huron Co.								
Municipal Hosp.tal§	Gen	City	24	10	6	No	40	307
Wilmington, 5,332—Clinton Co.								
Dr. Kelley Hale Surgical Hospital■	Gen	Indiv	16	6	7	No	3	214
Wooster, 10,742—Wayne Co.								
Kinney and Knestrick Hospital■	Gen	Indep	25	14	5	No	55	461
Wooster Hospital	Gen	Indiv	31	8	2	No	5	315
Worthington, 1,239—Franklin Co.								
Columbus Rural Rest Home	N&M	Indep	35	27	..	No	...	157
Xenia, 10,507—Greene Co.								
McClellan Hospital	Gen	Indep	20	15	4	No	34	431
Youngstown, 170,002—Mahoning Co.								
Mahoning Tuber. Sanat.■	TB	County	112	112	..	Yes	...	171
St. Elizabeth's Hosp.*◇■	Gen	Church	246	134	54	Yes	...	4,912
Youngstown Hospital*◇■	Gen	Indep	376	274	74	Yes	940	7,768
Zanesville, 36,440—Muskingum Co.								
Bethesda Hospital§■	Gen	Church	108	55	22	No	259	1,877
Good Samaritan Hosp.◇■	Gen	Church	120	79	29	No	182	1,788

Related Institutions

Akron, 255,040—Summit Co.								
Goodyear Hosp. & Disp.	Indus	Indus	25	6	..	No	...	140
Apple Creek, 459—Wayne Co.								
Institution for Feebleminded	MenDef	State	450	476	..	No	...	.....
Bluffton, 2,035—Allen Co.								
Bluffton Community Hospital■	Gen	Indep	9	6	3	No	29	193
Bowling Green, 6,688—Wood Co.								
Bowling Green Sanitarium and Hospital■	Gen	Indiv	23	6	2	No	3	121
Cambridge, 14,615—Guernsey Co.								
Childrens and Maternity Hospital	Mater	Indep	8	2	8	Yes	...	.....
Canfield, 1,015—Mahoning Co.								
Mahoning County Home■	Inst	County	25	18	..	No	...	8
Chagrin Falls, 2,739—Cuyahoga Co.								
Cleveland Protestant Orphan Asylum	Inst	Church	24	6	..	No	...	151
Chardon, 1,818—Geauga Co.								
Sperry Home	Mater	Indiv	10	5	4	No	68	364
Cincinnati, 451,160—Hamilton Co.								
Children's Convalescent Home	Inst	Indep	100	29	..	No	...	76
Children's Home (Hanna Hospital)	Inst	Indep	38	14	..	No	...	436
Evangeline Booth Home and Hospital	Mater	Church	8	6	4	No	31	198
Home for Incurables	Incur	Indep	61	60	..	No	...	6
Jewish Convalescent Home	Conv	Indep	130	...	..	No	...	.....
Jones and Stitt Hospital for Treatment of Diseases of Ear, Nose and Throat	ENT	Part	8	3	..	No	...	632
Maple Knoll Hospital and Home for the Friendless	Mater	Indep	35	4	15	No	137	145
Methodist Home for Aged	Inst	Church	37	35	..	No	...	.....
Psychopathic Institute of the Jewish Hospital	N&M	Indep	12	9	..	Yes	...	98
Ridge Rest Home	N&M	Indep	30	18	..	No	...	56

Key to symbols and abbreviations is on page 2078

OHIO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Francis Hospital for Incurables	Incur	Church	250	250	..	No	...	365
St. Joseph's Infant Asylum and Maternity Hospital	Mater	Church	15	2	15	No	80	80
St. Michael's Conv. Home	Conv	Indep	28	25	..	Yes	...	135
Salvation Army Catherine Booth Home and Maternity Hospital	Mater	Church	10	5	10	No	67	199
Cleveland, 560,429—Cuyahoga Co.								
Booth Memorial Maternity Home and Hospital	Mater	Church	13	5	12	No	79	142
Children's Fresh Air Camp and Hospital	Conv	Indep	60	62	..	No	...	202
Emergency Hospital■	Emerg	Part	20	12	..	Yes	...	394
Florence Crittenton Home	Mater	Indep	17	13	13	...	17	21
Holy Cross House for Crippled and Invalid Children	Ortho	Church	12	7	..	No	...	13
Jewish Orphan's Home	Inst	Frat	36	9	..	No	...	471
Joanna Private Hospital and Invalids Home	Chron	Indiv	19	...	..	No	...	.....
St. Luke's Convalescent Hospital for Children	Ortho	Church	62	35	..	No	...	.....
Columbus, 290,564—Franklin Co.								
Florence Crittenton Home	Mater	Indep	38	12	18	No	41	40
Franklin County Home	Inst	County	125	118	5	No	...	.....
Home Sanitarium	Inst	Indiv	5	5	..	No	...	10
Institution for Feebleminded	MenDef	State	2,045	2,058	..	No	...	444
Ohio Penitentiary Hospital	Inst	State	145	104	..	Yes	...	4,016
St. Anthony's Hospital■	Inst	Church	260	240	..	No	...	717
Covington, 1,807—Miami Co.								
Covington Hospital	Gen	Part	8	3	2	No	10	90
Dayton, 200,982—Montgomery Co.								
Dayton Door of Hope	Mater	Indep	16	8	6	No	...	.....
Quarantine Hospital■	Iso	City	25	3	1	No	...	86
Veterans Admin. Home■▲	Inst	VetAd	1,100	867	..	Yes	...	4,986
Delaware, 8,675—Delaware Co.								
Girls' Industrial School Hospital	Inst	State	32	9	..	No	...	317
Monnett Hospital	Gen	Indep	12	5	..	Yes	...	.....
Euclid, 12,751—Cuyahoga Co.								
Resm Sanatorium	N&M	Indiv	25	10	..	No	...	50
Wright's Sanitarium	N&M	Indiv	15	New	..	No	...	.....
Fairfield, 1,240—Greene Co.								
Station Hospital	Gen	Army	12	1	..	No	...	60
Granville, 1,467—Licking Co.								
Whisler Hall Mem. Hosp.	Inst	Indep	20	3	..	Yes	...	325
Hamilton, 52,176—Butler Co.								
Butler County Home	TB	County	20	8	..	No	...	15
Ruth Hospital	Inst	Indep	14	4	..	No	...	.....
Lakewood, 70,509—Cuyahoga Co.								
Wright's Sanitarium	Conv	Indiv	25	13	..	...	...	41
Lancaster, 18,716—Fairfield Co.								
Boys' Industrial School Hospital■	Inst	State	100	28	..	No	...	1,054
Lebanon, 3,222—Warren Co.								
Blair Brothers Hospital	Gen	Part	8	4	3	No	18	191
Lima, 42,287—Allen Co.								
Herr's Hospital Clinic	Gen	Indep	8	8	..	Yes	...	700
Mansfield, 33,525—Richland Co.								
Ohio State Reformatory■	Inst	State	90	55	..	No	...	1,490
Marblehead, 1,027—Ottawa Co.								
Kelley Island Lime and Transport Co. Hospital■	Gen	Indus	6	2	2	Yes	12	70
Marysville, 3,629—Union Co.								
Ohio Reformatory for Women	Inst	State	16	9	10	No	2	.....
Munroe Falls, 302—Summit Co.								
Summit Co. Home Hospl.	Inst	County	43	39	..	No	...	.....
New London, 1,527—Huron Co.								
New London Hospital■	Gen	Indep	9	2	3	No	23	120
Orient, 255—Pickaway Co.								
Institution for Feebleminded	MenDef	State	2,500	2,444	..	Yes	...	219
Oxford, 2,588—Butler Co.								
Miami University Students Hosp. and Dispensary■	Inst	State	24	11	..	Yes	...	1,092
Sandusky, 24,622—Erie Co.								
Erie County Home Hosp.	Chron	County	35	22	..	No	...	.....
Springfield, 68,743—Clark Co.								
Ohio Knights of Pythias Home	Inst	Frat	55	35	..	No	...	.....
Ohio Rebekah Hospital	Inst	Frat	75	53	..	Yes	...	538
Rickly Memorial Hospital	Inst	Frat	222	215	..	No	...	258
Springfield Eye, Ear, Nose and Throat Hospital	EENT	Indiv	6	5	2	Yes	...	196
Ohio Soldiers and Sailors Home Hospital	Inst	State	200	115	..	Yes	...	457
Tiffin, 16,428—Seneca Co.								
Kentucky Memorial Hosp.	Inst	Frat	50	12	..	No	...	1,061
Toledo, 290,718—Lucas Co.								
Lucas Co. Hosp. Annex	Chron	County	110	84	..	...	...	345
Municipal Hospital for Contagious Diseases■	Iso	City	46	19	3	Yes	...	96
Warrensville, 1,567—Cuyahoga Co.								
Cleveland City Infirmary■▲	Inst	City	283	175	..	No	...	133
West Dover, 309—Cuyahoga Co.								
Cedarcrest Sanitarium	N&M	Indiv	36	...	..	No	...	.....
Wilberforce, 324—Greene Co.								
Tawawa Hosp. of Wilberforce University (col.)	Inst	State	11	3	..	Yes	...	149
Wooster, 10,742—Wayne Co.								
Hygeia Hall	Inst	Indep	25	2	..	Yes	...	214

OHIO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Xenia, 10,507—Greene Co.								
Espey Hospital	Gen	Indiv	12	4	2	No	...	.....
Ohio Soldiers and Sailors Orphans Home Hospital■	Inst	State	70	29	..	No	...	.....
Youngstown, 170,002—Mahoning Co.								
Youngstown Municipal Hospital	Iso	City	65	2	..	No	...	76

Summary for Ohio:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	195	37,672	31,802	318,513
Related institutions	74	9,624	8,019	24,241
Totals	269	47,296	39,821	342,754
Refused registration	28	779		

OKLAHOMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ada, 11,261—Pontotoc Co.								
Ada Hospital■	Gen	Indiv	25	12	5	No	85	713
Breco's Hospital■	Gen	Indep	20	12	2	No	14	538
Altus, 8,439—Jackson Co.								
City Hospital	Gen	City	15	3	2	No	16	200
Alva, 3,121—Woods Co.								
Alva Hospital	Gen	City	11	2	2	No	17	212
Ardmore, 15,741—Carter Co.								
Hardy Sanitarium■	Gen	Indiv	40	21	4	No	52	632
Von Keller Hospital	Gen	Indep	25	8	2	Yes	10	341
Bartlesville, 14,763—Washington Co.								
Washington County Memorial Hospital◊■	Gen	County	50	25	10	No	198	1,121
Beaver, 1,028—Beaver Co.								
Beaver Hospital	Gen	Part	22	7	3	Yes	19	425
Blackwell, 9,521—Kay Co.								
Blackwell Hospital	Gen	Indiv	35	15	4	...	...	300
Leslie Sanatorium	Gen	Indiv	20	13	10	Yes	114	475
Bristow, 6,619—Creek Co.								
Bristow General Hospital	Gen	Indep	14	4	3	No	16	152
Butler, 473—Custer Co.								
Sunnyside Hospital	Gen	Part	22	5	5	No	178	378
Chandler, 2,717—Lincoln Co.								
Hancock Hospital■	Gen	Indiv	12	4	..	No	10	.....
Cherokee, 2,230—Alfalfa Co.								
Masonic Hospital◊	Gen	Frat	30	15	6	No	45	525
Chickasha, 14,069—Grady Co.								
Chickasha Hospital◊■	Gen	Part	64	23	6	No	39	1,086
Cottage Hospital■	Gen	Indiv	20	12	5	No	24	165
General Hospital■	Gen	Indep	16	5	1	Yes	18	377
Claremore, 3,720—Rogers Co.								
Claremore Indian Hospital	Gen	Indian	38	28	6	Yes	9	326
Clinton, 7,512—Custer Co.								
Clinton Hospital◊■	Gen	Indep	75	16	4	No	45	918
Western Oklahoma State Tuberculosis Sanatorium	TB	State	210	200	..	No	...	.....
Concho, 290—Canadian Co.								
Cheyenne and Arapaho Hospital	Gen	Indian	60	20	4	Yes	21	698
Cordell, 2,896—Washita Co.								
Florence Hospital	Gen	Indiv	30	5	3	No	26	176
Cushing, 9,301—Payne Co.								
Masonic Hospital■	Gen	Frat	28	12	4	No	32	450
Depew, 1,126—Creek Co.								
Coppedge Hospital	Gen	Indiv	12	7	2	No	24	149
Duncan, 5,363—Stephens Co.								
Weedn Hospital◊■	Gen	Indiv	30	20	4	Yes	15	375
Durant, 7,463—Bryan Co.								
Bryan County Hospital	Gen	Indiv	15	4	..	No	8	80
Elk City, 5,666—Beckham Co.								
Standifer Hospital■	Gen	Indiv	25	10	4	No	20	293
Tisdal Hospital■	Gen	Indiv	55	15	8	Yes	...	650
El Reno, 9,384—Canadian Co.								
Catto Hospital	Gen	Indiv	25	6	3	No	...	.....
El Reno Sanitarium■	Gen	Indiv	51	22	4	No	57	670
Enid, 23,399—Garfield Co.								
Baptist Hospital◊	Gen	Church	40	30	10	No	133	1,040
Enid General Hospital◊	Gen	Indep	90	50	10	No	154	1,834
Enid Springs Sanitarium and Hospital◊	Gen	Indep	35	15	2	No	51	611
Erick, 2,231—Beckham Co.								
Erick Hospital	Gen	Indep	20	10	2	No	20	175
Ft. Sill, 3,479—Comanche Co.								
Station Hospital■	Gen	Army	140	98	5	Yes	85	3,068
Frederick, 4,568—Tillman Co.								
Frederick Clinic Hospital	Gen	Part	12	6	2	Yes	70	500
Spurgeon, Arrington and Allen Hosp. and Clinic	Gen	Part	15	2	1	No	22	113
Grandfield, 1,416—Tillman Co.								
Grandfield Hospital	Gen	Indiv	10	3	2	No	25	79
Guthrie, 9,582—Logan Co.								
Duke Sanitarium	N&M	Indep	35	19	..	No	...	165
Oklahoma Methodist Episcopal Hospital	Gen	Church	35	21	4	No	...	.....
Park Sanitarium (col.)	Gen	Indiv	20	...	3	No	...	.....
Henryetta, 7,694—Okmulgee Co.								
Henryetta Hospital	Gen	Indiv	20	8	2	No	15	333
Keystone Hospital	Gen	Indiv	20	9	4	No	18	585
Hobart, 4,982—Kiowa Co.								
General Hospital■	Gen	Part	20	6	3	No	32	358

Key to symbols and abbreviations is on page 2078

OKLAHOMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Holdenville, 7,268—Hughes Co.								
Holdenville Hospital	Gen	Indep	28	12	3	Yes	34	421
Hollis, 2,914—Harmon Co.								
Hollis Hospital	Gen	Indiv	20	7	4	...	13	437
Hominy, 3,485—Osage Co.								
Hominy Hospital■	Gen	City	11	...	2	No	...	60
Lawton, 12,121—Comanche Co.								
Kiowa Indian Hospital	Gen	Indian	100	64	14	Yes	84	1,891
Southwestern Hospital■	Gen	Part	25	7	5	No	24	284
Mangum, 4,806—Greer Co.								
Border McGregor Hospital and Clinic◇■	Gen	Part	50	19	6	Yes	28	501
Marlow, 3,084—Stephens Co.								
Weedn Hospital	Gen	Indiv	20	6	6	Yes	14	366
Maud, 4,226—Seminole Co.								
Maud Hospital	Gen	Indiv	16	14	4	No	37	490
McAlester, 11,804—Pittsburg Co.								
Albert Pike Hospital◇■	Gen	Frat	55	17	6	No	43	800
St. Mary's Infirmary	Gen	Church	20	8	2	No	32	344
Miami, 8,964—Ottawa Co.								
Miami Baptist Hospital	Gen	Church	50	18	10	Yes	34	1,077
Muskogee, 32,026—Muskogee Co.								
Muskogee Provident Hospital (col.)	Gen	Indep	30	15	..	Yes	25	370
Oklahoma Baptist Hosp.■	Gen	Church	115	30	30	No	203	1,221
Veterans Admin. Hosp.■▲	Gen	VetAd	400	360	..	Yes	...	3,078
Norman, 9,603—Cleveland Co.								
Central Oklahoma State Hospital	N&M	State	2,000	2,135	..	No	...	716
Nowata, 3,531—Nowata Co.								
Nowata Hospital	Gen	Indiv	14	6	2	No	10	140
Okemah, 4,002—Okfuskee Co.								
Okemah Hospital	Gen	Indiv	12	3	2	No	21	183
Oklahoma City, 185,389—Oklahoma Co.								
Farm Sanatorium	TB	Indiv	60	40	..	No	...	152
Great Western Hospital (col.)	Gen	Part	26	12	2	No	3	1,062
Oklahoma City Gen. Hospital◇■	Gen	Indep	88	66	12	No	189	3,044
Polyclinic Hospital	Gen	Indiv	73	45	6	No	116	1,608
Reconstruction Hospital and McBride Clinic	Ortho	Part	30	9	..	Yes	...	244
Rolater Hospital■	Gen	Indiv	84	25	8	No	47	886
St. Anthony's Hospital▲◇	Gen	Church	250	168	40	Yes	943	5,989
State University Hosp. and Crippled Children's Hospital▲◆◇■	Gen	State	440	401	22	Yes	336	6,121
Wesley Hospital▲◇	Gen	Indep	103	72	9	No	276	3,305
Okmulgee, 17,097—Okmulgee Co.								
Okmulgee City Hospital◇	Gen	City	75	24	6	No	141	1,570
Okmulgee Colored City Hospital	Gen	City	30	5	1	Yes	12	131
Pauls Valley, 4,235—Garvin Co.								
Lindsey-Johnson Hospital	Gen	Part	10	7	1	No	12	286
Pawhuska, 5,931—Osage Co.								
Pawhuska Municipal Hospital■	Gen	City	30	8	4	No	44	459
Pawnee, 2,562—Pawnee Co.								
Pawnee-Ponca Hospital	Gen	Indian	46	13	7	Yes	43	428
Picher, 7,773—Ottawa Co.								
American Hospital	Gen	Indiv	40	4	3	Yes	6	74
Picher Hospital	Gen	Indiv	18	9	2	No	8	122
Ponca City, 16,136—Kay Co.								
Grand Avenue Gen. Hosp.■	Gen	Indiv	17	7	4	No	10	270
Ponca City Hospital◇■	Gen	Church	50	30	12	No	...	1,050
Ryan, 1,238—Jefferson Co.								
Ryan Hospital	Gen	Indiv	10	8	2	No	52	104
Sand Springs, 6,674—Tulsa Co.								
Home Hospital■	Gen	Indiv	40	7	2	No	3	206
Sapulpa, 10,533—Creek Co.								
Sapulpa City Hospital■	Gen	City	17	5	2	No	12	266
Sayre, 3,157—Beckham Co.								
Tisdal Hospital	Gen	Indiv	17	4	3	No	10	139
Seminole, 11,459—Seminole Co.								
Harber Hospital■	Gen	Indep	20	10	2	No	52	718
Shattuck, 1,406—Ellis Co.								
Shattuck Hospital	Gen	Indiv	44	41	6	No	86	1,292
Shawnee, 23,283—Pottawatomie Co.								
A. C. H. Hospital	Gen	Part	28	20	6	No	132	731
Shawnee Indian Sanat.	TB	Indian	100	94	..	Yes	...	117
Shawnee Municipal Hosp.◇■	Gen	City	80	23	12	No	104	1,146
Shidler, 1,177—Osage Co.								
Emerg. Hosp. of Phillips Petroleum Company	Gen	Indus	10	4	1	No	2	10
Sulphur, 4,242—Murray Co.								
Soldiers Tubercular Sanat.	TB	State	125	105	..	No	...	470
Sulphur Sanitarium	Gen	Part	22	8	2	No	...	.....
Supply, 230—Woodward Co.								
Western Oklahoma Hosp.	N&M	State	1,000	1,012	..	No	...	237
Talihina, 1,032—Le Flore Co.								
Choctaw-Chickasaw Sanat.	TB	Indian	60	60	..	No	...	152
Eastern Oklahoma State Tuberculosis Sanatorium	TB	State	187	183	..	No	...	152
Thomas, 1,256—Custer Co.								
Thomas Hospital	Gen	Indiv	20	4	4	No	20	211
Tonkawa, 3,311—Kay Co.								
Tonkawa Hospital	Gen	Part	20	4	5	No	15	125
Tulsa, 141,258—Tulsa Co.								
Flower Hospital	Gen	Part	20	12	8	No	96	548
Hubbard Memorial Clinic	Gen	Part	15	8	..	Yes	...	.....
Maurice Willows Hospital (col.)	Gen	Indep	25	...	5	No	...	.....
Morningside Hospital◇	Gen	Indiv	225	108	25	No	517	4,476
Oklahoma Hosp. & Sanit.	N&M	Indep	50	10	..	No	...	95
St. John's Hospital▲◇■	Gen	Church	250	173	23	No	583	4,905
Sisler Hospital	Ortho	Indiv	35	20	..	Yes	...	375

OKLAHOMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Vinita, 4,263—Craig Co.								
Eastern Oklahoma Hosp.	N&M	State	1,500	1,806	..	No	...	472
Vinita Hospital	Gen	Part	14	8	3	No	23	443
Watonga, 2,228—Blaine Co.								
Watonga Hospital	Gen	Indiv	14	...	1	Yes	...	.....
Waurika, 2,368—Jefferson Co.								
Waurika Hospital	Gen	Indep	24	12	2	No	36	365
Wewoka, 10,401—Seminole Co.								
Knight Hospital	Gen	Indiv	18	15	4	No	...	.....
Wewoka Hospital■	Gen	Indiv	25	15	4	No	40	350
Woodward, 5,056—Woodward Co.								
Woodward General Hosp.◇	Gen	Indep	36	16	5	No	30	403
Related Institutions								
Chilocco, 280—Kay Co.								
Chilocco Indian School Hospital	Gen	Indian	50	...	..	No	...	.....
Colony, 415—Washita Co.								
Segar Indian School Hosp.	Gen	Indian	8	5	..	Yes	6	125
Davenport, 1,072—Lincoln Co.								
Nickell Hospital	Gen	Part	10	2	..	No	...	55
Enid, 25,379—Garfield Co.								
Oklahoma Institution for the Feebleminded	MenDef	State	800	720	..	No	...	.....
Fairfax, 2,134—Osage Co.								
Fairfax Hospital	Gen	Indiv	8	3	2	No	18	165
Ft. Reno (El Reno P.O.),—Canadian Co.								
Station Hospital■	Gen	Army	12	2	..	Yes	...	210
McAlester, 11,804—Pittsburg Co.								
Oklahoma State Prison Hospital■	Inst	State	51	21	..	Yes	...	1,008
Muskogee, 32,026—Muskogee Co.								
Oklahoma School for Blind	Inst	State	14	...	..	...	...	.....
Norman, 9,603—Cleveland Co.								
Hygeia Hall	Inst	State	38	8	..	Yes	...	1,230
Okeene, 1,035—Blaine Co.								
Okeene Hospital■	Gen	Indiv	10	2	2	No	9	48
Oklahoma City, 185,389—Oklahoma Co.								
Holmes Home of Redeeming Love	Mater	Church	25	12	30	No	188	232
Oklahoma Union Soldiers Home	Inst	State	30	30	..	Yes	...	60
Stillwater, 7,016—Payne Co.								
Agriculture and Mechanical College Infirmary	Inst	State	75	18	..	No	...	2,207
Stroud, 1,894—Lincoln Co.								
Glendale Hospital	Gen	Indiv	10	4	..	No	15	.....
Tahlequah, 2,495—Cherokee Co.								
Sequoyah Training School Hospital	Inst	Indian	12	6	..	Yes	...	217
Tahlequah Hospital	Gen	Indiv	8	3	2	...	12	157

Summary for Oklahoma:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	110	10,412	8,366	79,007
Related institutions	16	1,161	838	5,714
Totals	126	11,573	9,204	84,721
Refused registration	18	451		

OREGON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Albany, 5,325—Linn Co.								
Albany General Hospital	Gen	Indep	52	18	8	No	121	657
Ashland, 4,544—Jackson Co.								
Community Hospital	Gen	City	17	7	3	No	...	324
Astoria, 10,349—Clatsop Co.								
Columbia Hospital◇	Gen	Indep	54	36	12	No	124	1,778
St. Mary's Hospital◇	Gen	Church	70	39	10	No	...	.....
Baker, 7,858—Baker Co.								
Baker County Protestant Hospital	Gen	Church	25	10	4	No	50	390
St. Elizabeth's Hospital◇	Gen	Church	72	30	12	No	80	507
Bandon, 1,516—Coos Co.								
Leep Memorial Hospital	Gen	Indiv	10	2	2	No	3	129
Bend, 8,848—Deschutes Co.								
St. Charles Hospital	Gen	Church	25	20	7	No	98	588
Burns, 2,209—Harney Co.								
Valley View Hospital	Gen	Indep	27	9	6	No	38	386
Corvallis, 7,585—Benton Co.								
Corvallis General Hosp.■	Gen	Indep	40	18	6	No	79	926
Dallas, 2,975—Polk Co.								
Dallas Hospital	Gen	Indep	16	8	4	No	43	289
Enterprise, 1,379—Wallowa Co.								
Enterprise Hospital■	Gen	Indep	15	5	3	Yes	14	178
Eugene, 18,901—Lane Co.								
Eugene Hospital and Clinic	Gen	Indep	56	38	8	No	68	1,290
Pacific Christian Hospital	Gen	Church	78	53	18	No	369	1,879
Forest Grove, 1,859—Washington Co.								
Guynmon Hospital	Gen	Indiv	20	15	5	No	42	.....
Grants Pass, 4,666—Josephine Co.								
Josephine General Hosp.	Gen	County	32	18	6	No	20	340
Hood River, 2,757—Hood River Co.								
Hood River Hospital	Gen	Indep	18	13	2	No	52	490
Klamath Agency, 163—Klamath Co.								
Klamath Reservation Hosp.	Gen	Indian	25	8	2	Yes	...	294

Key to symbols and abbreviations is on page 2078

OREGON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Klamath Falls, 16,093—Klamath Co.								
Hillside Hospital	Gen	Indep	50	35	12	No	...	.....
Klamath Valley Hospital■	Gen	Indiv	66	27	14	No	160	1,008
La Grande, 8,050—Union Co.								
Grande Ronde Hospital■	Gen	Indep	70	28	4	No	71	642
Lakeview, 1,798—Lake Co.								
Lakeview Public Hospital■	Gen	Indiv	10	4	4	No	30	220
Lebanon, 1,851—Linn Co.								
Lebanon General Hosp.■	Gen	Part	12	5	3	No	53	208
Marshfield, 5,287—Coos Co.								
Wesley Hospital■	Gen	Church	65	18	10	No	47	749
McMinnville, 2,917—Yamhill Co.								
McMinnville Hospital	Gen	Part	28	15	4	No	45	503
Medford, 11,007—Jackson Co.								
Community Hospital	Gen	Indep	30	17	6	No	95	558
Sacred Heart Hospital◇■	Gen	Church	65	40	7	No	112	1,171
Milwaukie, 1,767—Clackamas Co.								
Portland Open Air Sanat.■	TB	Indep	79	63	..	Yes	...	233
Myrtle Point, 1,262—Coos Co.								
Mast Hospital	Gen	Indiv	21	10	6	No	20	291
Newberg, 2,951—Yamhill Co.								
Dr. Wendt's Hospital	Gen	Indiv	15	2	3	No	12	106
North Bend, 4,012—Coos Co.								
Keizer Brothers Hospital	Gen	Indep	65	27	10	Yes	90	984
Mercy Hospital■	Gen	Church	50	15	4	No	38	300
Ontario, 1,941—Malheur Co.								
Holy Rosary Hospital	Gen	Church	30	16	6	No	40	590
Oregon City, 5,761—Clackamas Co.								
Oregon City Hospital	Gen	Indep	52	25	8	No	136	902
Pendleton, 6,621—Umatilla Co.								
Eastern Oregon State Hospital	N&M	State	1,060	1,048	..	No	...	93
St. Anthony's Hospital◇■	Gen	Church	70	20	12	No	101	1,189
Portland, 301,815—Multnomah Co.								
Doernbecher Memorial Hospital◇■	Chil	State	75	40	..	Yes	...	1,584
Elvers Hospital	Mater	Indiv	16	4	12	No	98	125
Emanuel Hospital◇●■	Gen	Church	217	171	66	No	970	5,372
Good Samaritan Hosp.◇■	Gen	Church	304	223	24	Yes	560	7,857
Louise Home and Juvenile Hospital for Girls	Mater	Indep	44	6	8	No	38	195
Morningside Hospital	N&M	Fed	280	261	..	No	...	59
Mountain View Sanitarium	N&M	Indep	20	7	..	No	...	.....
Multnomah Hospital◇●■	Gen	County	300	275	20	No	360	5,633
Portland Conv. Hospital	Conv	Indiv	25	20	..	No	...	99
Portland Eye, Ear, Nose and Throat Hospital	EENT	Indiv	38	14	..	No	...	1,650
Portland Medical Hospital	Gen	Indep	35	32	..	Yes	...	604
Portland Sanitarium and Hospital◇■	Gen	Church	120	90	24	No	524	3,497
Dr. Robert C. Coffey Clinic and Hospital	Gen	Indiv	110	51	..	Yes	...	955
St. Vincent's Hospital◇■	Gen	Church	366	331	36	No	685	8,844
Sellwood General Hospital	Gen	Indep	45	14	8	Yes	56	478
Shriners Hospital for Crippled Children◆	Ortho	Frat	60	59	..	Yes	...	193
Veterans Admin. Hosp.■▲	Gen	VetAd	313	282	..	Yes	...	3,232
Waverleigh Sanatorium	N&M	Part	12	8	..	No	...	2
Roseburg, 4,362—Douglas Co.								
Mercy Hospital	Gen	Church	25	15	6	No	15	180
Roseburg General Hospital	Gen	Indep	26	20	6	Yes	90	630
St. Helens, 3,504—Columbia Co.								
St. Helens General Hosp.	Gen	Indiv	19	8	6	No	20	417
Salem, 26,266—Marion Co.								
Oregon State Hosp.	N&M	State	1,950	2,070	..	No	...	690
Oregon State Tuber. Hosp.■	TB	State	200	199	..	No	...	155
Salem General Hospital◇■	Gen	Indep	65	29	10	No	162	1,440
Silverton, 2,462—Marion Co.								
Silverton Hospital	Gen	Indep	20	8	5	...	74	279
The Dalles, 5,883—Wasco Co.								
Eastern Oregon Tuberculosis Hospital	TB	State	100	98	..	Yes	...	85
Mid-Columbia Hospital	Gen	Part	23	14	6	No	60	474
The Dalles Hospital◇■	Gen	Indep	65	33	10	Yes	147	1,102
Tillamook, 2,549—Tillamook Co.								
Charlton Hospital	Gen	Indiv	35	20	5	No	...	.....
Tillamook General Hosp.	Gen	Indiv	16	6	5	No	...	199
Toledo, 2,157—Lincoln Co.								
Lincoln Hospital	Gen	Indep	20	8	3	No	43	243
Troutdale, 227—Multnomah Co.								
Multnomah County Tuberculosis Pavilion■	TB	County	36	36	..	No	...	100

Related Institutions

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bend, 8,848—Deschutes Co.								
Lumbermen's Hospital	Indus	Indus	15	4	..	No	...	220
Chemawa, 625—Marion Co.								
Salem Indian School Hosp.	Inst	Indian	40	14	..	Yes	...	763
Corvallis, 7,585—Benton Co.								
Oregon State Agricultural College Hospital■	Inst	State	18	10	..	Yes	...	567
Jacksonville, 706—Jackson Co.								
Jacksonville Sanitarium	Gen	Indiv	15	6	1	No	1	21
Mill City, 1,214—Marion Co.								
Mill City Hospital	Gen	Indiv	8	4	2	Yes	2	66
Portland, 301,815—Multnomah Co.								
Florence Crittenton Refuge Home■	Mater	Indep	12	4	14	No	51	74
Isolation Hospital■	Iso	City	70	14	6	No	2	595
Salvation Army White Shield Home	Mater	Church	45	40	25	No	65	.....
Woman's Conv. Home	Conv	Indep	17	4	..	No	...	123
Rainier, 1,353—Columbia Co.								
Rainier City Hospital	Gen	Indiv	6	1	2	No	14	18

OREGON—Continued

Related Institutions

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Roseburg, 4,362—Douglas Co.								
Oregon Soldiers' Home Hospital■	Inst	State	50	27	..	No	...	92
Salem, 26,266—Marion Co.								
Oregon State Institution for Feebleminded	MenDef	State	875	840	..	No	...	80
Oregon State Penitentiary	Inst	State	50	8	..	No	...	.....
Oregon State School for the Deaf	Inst	State	10	1	..	No	...	207
Wallowa, 749—Wallowa Co.								
Wallowa Hospital	Gen	Indiv	9	4	2	No	...	.....
Woodburn, 1,675—Marion Co.								
Oregon State Training School	Inst	State	13	6	..	No	...	308

Summary for Oregon:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	68	7,470	6,214	64,571
Related institutions	16	1,253	987	3,194
Totals	84	8,723	7,201	67,765
Refused registration	7	245		

PENNSYLVANIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Abington, 821—Montgomery Co.								
Abington Mem. Hosp.●■	Gen	Indep	205	130	37	Yes	489	3,966
Allentown, 92,563—Lehigh Co.								
Allentown Hospital◇■	Gen	Indep	300	212	25	Yes	400	5,635
Allentown State Hosp.●◇	N&M	State	1,460	1,416	..	Yes	...	470
Baer Hospital	Gen	Indiv	20	6	10	No	76	205
Sacred Heart Hospital◇■	Gen	Church	278	132	22	Yes	378	3,386
Devitt's Camp for Tuber.	TB	Indep	110	105	..	No	...	160
Altoona, 82,054—Blair Co.								
Altoona Hospital●◇■	Gen	Indep	162	104	18	Yes	419	2,883
Mercy Hospital●◇■	Gen	Indep	121	74	14	Yes	351	2,414
Ambler, 3,944—Montgomery Co.								
Dufur Hospital	N&M	Indiv	50	25	..	No	...	32
Ardmore, 10,075—Montgomery Co.								
Wood Lea Sanitarium	N&M	Indiv	14	9	..	No	...	.....
Ashland, 7,164—Schuylkill Co.								
Ashland State Hospital◇	Gen	State	226	178	15	Yes	210	4,445
Beaver Falls, 17,347—Beaver Co.								
Providence Hospital■	Gen	Church	55	40	10	Yes	151	930
Bedford, 2,953—Bedford Co.								
Timmins' Hospital■	Gen	Indiv	14	8	2	No	25	215
Bellefonte, 4,864—Centre Co.								
Center County Hospital◇■	Gen	Indep	60	36	4	Yes	126	974
Bellevue, 10,252—Allegheny Co.								
Suburban General Hosp.◇■	Gen	Indep	100	55	15	Yes	243	1,839
Berwick, 12,605—Columbia Co.								
Berwick Hospital◇■	Gen	Indep	48	22	10	Yes	131	702
Berwyn, 1,076—Chester Co.								
Alcheyd Hospital	N&M	Indiv	20	20	..	...	...	.....
Bethlehem, 57,892—Northampton Co.								
St. Luke's Hospital◇■	Gen	Indep	185	132	20	Yes	345	3,487
Bloomsburg, 9,093—Columbia Co.								
Bloomsburg Hospital◇	Gen	Cy&Co	111	43	15	Yes	126	1,316
Blossburg, 1,696—Tioga Co.								
Blossburg State Hospital■	Gen	State	80	48	6	Yes	62	2,557
Braddock, 19,329—Allegheny Co.								
Braddock General Hosp.◇■	Gen	Indep	121	76	16	Yes	261	2,232
Bradford, 19,306—McKean Co.								
Bradford Hospital◇■	Gen	Indep	117	64	23	Yes	396	2,185
Brookville, 4,387—Jefferson Co.								
Brookville Hospital◇■	Gen	Indep	36	18	4	No	44	467
Brownsville, 2,849—Fayette Co.								
Brownsville Gen. Hosp.◇■	Gen	Indep	90	71	10	Yes	101	1,084
Bryn Mawr, 3,056—Montgomery Co.								
Bryn Mawr Hospital●◇■	Gen	Indep	238	147	24	Yes	416	3,630
Butler, 23,568—Butler Co.								
Butler County Memorial Hospital◇■	Gen	Indep	82	50	10	No	132	1,878
Canonsburg, 12,558—Washington Co.								
Canonsburg Gen. Hosp.◇■	Gen	Indep	55	32	10	No	122	979
Carbondale, 20,061—Lackawanna Co.								
Carbondale General Hosp.■	Gen	Indep	65	30	10	Yes	62	885
St. Joseph's Hospital◇■	Gen	Church	106	53	10	Yes	133	1,905
Carlisle, 12,596—Cumberland Co.								
Carlisle Hospital■	Gen	Indep	42	32	8	Yes	193	1,081
Station Hospital■	Gen	Army	32	8	1	Yes	16	458
Chambersburg, 13,788—Franklin Co.								
Chambersburg Hospital◇■	Gen	Indep	100	39	16	Yes	230	1,329
Chester, 59,164—Delaware Co.								
Chester Hospital●◇■	Gen	Indep	250	128	35	Yes	506	4,151
J. Lewis Crozer Home for Incurables and Homeopathic Hospital■	Gen	Indep	80	25	18	Yes	213	500
Mercy Hospital	Gen	Indiv	20	8	4	No	24	309
Clarks Summit, 2,664—Lackawanna Co.								
Hillside Home and Hospital for Mental Diseases	N&M	City	900	723	..	No	...	100
Clearfield, 9,221—Clearfield Co.								
Clearfield Hospital◇■	Gen	Indep	112	70	18	Yes	190	2,463
Clifton Heights, 5,057—Delaware Co.								
Burn Brae Hospital	N&M	Indep	50	42	..	No	...	.....
Eyrie Sanitarium	N&M	Indiv	12	8	..	...	...	.....

Key to symbols and abbreviations is on page 2078

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PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Coaldale, 6,921—Schuylkill Co.								
Coaldale State Hospital	Gen	State	82	71	..	Yes	3	714
Coatesville, 14,382—Chester Co.								
Coatesville Hospital◊■	Gen	Indep	111	59	14	Yes	171	1,840
Veterans Admin. Hospital	N&M	VetAd	483	...	..	No	...	.....
Columbia, 11,349—Lancaster Co.								
Columbia Hospital■	Gen	Indep	65	20	10	No	84	566
Colver, 2,000—Cambria Co.								
Colver Hospital■	Gen	Indus	20	9	4	No	46	360
Confluence, 989—Somerset Co.								
Frantz Hospital	Gen	Indiv	15	7	4	No	34	184
Connellsville, 13,250—Fayette Co.								
Connellsville State Hosp.■	Gen	State	106	45	15	Yes	132	1,220
Corry, 7,152—Erie Co.								
Corry Hospital■	Gen	Indep	32	21	8	No	121	1,113
Coudersport, 2,740—Potter Co.								
Coudersport General Hospital■	Gen	Indep	14	9	5	No	27	199
Cresson, 2,317—Cambria Co.								
Pennsylvania State Sanat. for Tuberculosis No. 2✣■	TB	State	850	721	..	No	...	946
Danville, 7,185—Montour Co.								
Danville State Hospital◊	N&M	State	1,808	1,818	..	Yes	...	355
Geo. F. Geisinger Memorial Hospital◊	Gen	Indep	180	125	15	Yes	166	4,563
Dixmont, 1,200—Allegheny Co.								
Dixmont Hosp. for Insane◊	N&M	Indep	962	1,146	..	No	...	194
Drexel Hill, 1,119—Delaware Co.								
Delaware County Hospital	Gen	Indep	56	47	14	Yes	329	1,723
Du Bois, 11,595—Clearfield Co.								
Du Bois Hospital◊	Gen	Church	50	24	6	No	55	609
Maple Avenue Hospital◊■	Gen	Indep	72	31	6	No	75	1,087
Eagleville, 184—Montgomery Co.								
Eagleville Sanatorium	TB	Indep	200	191	..	Yes	...	219
Easton, 34,468—Northampton Co.								
Betts' Private Hospital◆	Gen	Indiv	42	27	10	No	90	2,000
Easton Hospital◊■	Gen	Indep	199	141	21	Yes	301	4,164
Easton Sanitarium	N&M	Indiv	30	16	..	No	...	32
East Stroudsburg, 6,089—Monroe Co.								
General Hospital■	Gen	County	48	20	9	Yes	71	511
Elizabethtown, 3,940—Lancaster Co.								
Hosp. for Crippled Chil.■	Ortho	State	100	90	..	Yes	...	143
Philadelphia Freemasons' Memorial Hospital	Gen	Frat	110	100	..	No	...	525
Ellwood City, 12,323—Lawrence Co.								
Elwood City Hospital	Gen	Indep	55	13	8	No	90	651
Erie, 115,967—Erie Co.								
Hamot Hospital◊■	Gen	Indep	175	151	25	Yes	643	5,347
Rose Memorial Private Hospital and Clinic	Gen	Part	14	5	..	No	...	.....
St. Vincent's Hospital◊■	Gen	Church	185	180	29	Yes	676	5,640
Zem Zem Hospital for Crippled Children	Ortho	Frat	48	37	..	No	...	47
Everett, 1,874—Bedford Co.								
Everett Hospital	Gen	Indiv	20	10	5	No	22	303
Franklin, 10,254—Venango Co.								
Franklin Hospital	Gen	Indep	47	20	10	No	141	726
Gettysburg, 5,284—Adams Co.								
Annie M. Warner Hosp.	Gen	Indep	54	22	6	Yes	81	724
Girard, 1,554—Erie Co.								
Tuberculosis Sanatorium	TB	Cy&Co	21	21	..	No	...	.....
Gladwyne, 1,236—Montgomery Co.								
Gladwyne Colony	N&M	Indiv	70	68	..	...	...	.....
Greensburg, 16,508—Westmoreland Co.								
Westmoreland Hospital◊■	Gen	Indep	148	90	12	No	329	2,529
Greenville, 8,628—Mercer Co.								
Greenville Hospital	Gen	Indep	45	14	12	No	102	629
Grove City, 6,456—Mercer Co.								
Grove City Hospital	Gen	Indep	30	11	5	No	54	419
Hamburg, 3,637—Berks Co.								
Hamburg State Sanat.✣■	TB	State	450	450	..	No	...	650
Hanover, 14,895—York Co.								
Hanover General Hospital■	Gen	Indep	55	27	10	Yes	131	794
Harrisburg, 80,339—Dauphin Co.								
Harrisburg Hospital◊■	Gen	Indep	214	150	32	Yes	504	4,736
Harrisburg Polyclinic Hospital◊■	Gen	Indep	150	91	32	Yes	451	3,239
Harrisburg State Hosp.✣	N&M	State	1,791	1,660	..	No	...	286
Keystone Hospital	Gen	Indiv	27	8	7	No	41	272
Hazleton, 36,765—Luzerne Co.								
Corrigan Maternity Hosp.	Mater	Indiv	18	10	16	Yes	250	396
Hazleton State Hosp.◊■	Gen	State	140	118	10	Yes	194	4,123
Hollidaysburg, 5,969—Blair Co.								
Blair Co. Hosp. for Insane	N&M	County	204	322	..	No	...	112
Homestead, 20,141—Allegheny Co.								
Homestead Hospital◊■	Gen	Indep	98	66	20	Yes	257	1,606
Honesdale, 5,490—Wayne Co.								
Wayne County Memorial Hospital■	Gen	Indep	32	11	7	Yes	63	449
Huntingdon, 7,558—Huntingdon Co.								
J. C. Blair Mem. Hosp.◊■	Gen	Indep	68	51	10	No	161	1,422
Indiana, 9,569—Indiana Co.								
Indiana Hospital◊■	Gen	Indep	126	78	12	Yes	80	2,032
Jersey Shore, 5,781—Lycoming Co.								
Jersey Shore Hospital■	Gen	Indep	24	5	4	No	40	400
Dr. F. G. Sanford's Private Hospital	Gen	Indiv	17	10	6	No	28	327
Johnstown, 66,993—Cambria Co.								
Cambria Hospital■	Gen	Indus	65	25	..	Yes	...	331
Conemaugh Valley Memorial Hospital◊✣■	Gen	Indep	260	190	31	Yes	453	5,147
Lee Homeopathic Hosp.■	Gen	Indep	50	33	10	Yes	138	1,061
Mendenhall Maternity Hospital	Mater	Indiv	14	12	14	No	152	175
Mercy Hospital◊■	Gen	Church	86	56	14	Yes	308	1,768

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Kane, 6,232—McKean Co.								
Community Hospital■	Gen	Indep	54	19	12	No	85	719
Kane Summit Hospital■	Gen	Indep	80	14	7	No	38	468
Kingston, 21,600—Luzerne Co.								
Nesbitt Memorial Hosp.■	Gen	Indep	116	63	16	Yes	250	2,417
Kittanning, 7,808—Armstrong Co.								
Kittanning General Hosp.◊■	Gen	Indep	35	21	5	No	36	682
Lancaster, 59,949—Lancaster Co.								
Lancaster Gen. Hosp.✣■	Gen	Indep	241	140	32	Yes	588	4,412
Rossmere Sanatorium■	TB	Cy&Co	56	52	..	No	...	.....
St. Joseph's Hospital■	Gen	Church	170	108	30	Yes	404	3,115
Latrobe, 10,644—Westmoreland Co.								
Latrobe Hospital◊■	Gen	Indep	62	40	10	No	136	1,053
Lebanon, 25,561—Lebanon Co.								
Good Samaritan Hospital◊	Gen	Indep	90	39	10	Yes	156	1,299
Lebanon Sanatorium■	Gen	Indep	25	13	5	No	53	462
Lewisburg, 5,398—Union Co.								
Evangelical Hospital■	Gen	Church	20	12	2	No	56	267
Lewistown, 13,357—Mifflin Co.								
Lewistown Hospital◊	Gen	Indep	80	50	8	Yes	40	1,460
Lock Haven, 9,068—Clinton Co.								
Lock Haven Hospital◊■	Gen	Indep	80	37	10	Yes	127	1,151
Teah Private Hospital	Gen	Indiv	22	16	6	No	33	.....
Lock No. 4—618—Washington Co.								
Charlerol-Monessen Hosp.■	Gen	Indep	65	42	18	Yes	87	1,159
Mayview, 47—Allegheny Co.								
Pittsburgh City Home and Hospitals◊■	N&M	City	1,834	2,224	8	Yes	15	1,987
McKeesport, 54,632—Allegheny Co.								
McKeesport Hospital◊■	Gen	Indep	223	176	40	Yes	379	4,337
McKee's Rocks, 18,116—Allegheny Co.								
Ohio Valley Gen. Hosp.◊■	Gen	Indep	51	20	9	Yes	60	971
Meadville, 16,698—Crawford Co.								
Meadville City Hospital◊■	Gen	Indep	75	35	14	No	95	1,110
Spencer Hospital◊	Gen	Indep	107	45	13	Yes	131	1,595
Media, 5,372—Delaware Co.								
Brookwood Farm	N&M	Indiv	16	6	..	No	...	.....
Media Hospital■	Gen	Indiv	20	8	3	Yes	20	277
Mercer, 2,125—Mercer Co.								
Mercer Cottage Hospital■	Gen	Indep	50	33	3	No	33	1,323
Mercer Sanitarium◊	N&M	Part	43	38	..	No	...	71
Meyersdale, 3,065—Somerset Co.								
Hazel McGilvery Hospital■	Gen	Indiv	10	4	2	No	12	212
Meyersdale Hospital■	Gen	Indiv	15	5	2	Yes	...	144
Middleburg, 1,024—Snyder Co.								
Joseph L. Potter Hospital	Gen	Indiv	10	5	2	Yes	...	160
Monaca, 4,641—Beaver Co.								
Beaver County Sanatorium	TB	County	63	63	..	No	...	105
Monessen, 20,268—Westmoreland Co.								
Gemmill Hospital■	EENT	Indiv	12	4	..	...	...	477
Monongahela, 8,677—Washington Co.								
Memorial Hospital■	Gen	Indep	66	39	6	Yes	60	905
Mt. Pleasant, 5,869—Westmoreland Co.								
Mt. Pleasant Mem. Hosp.	Gen	Indep	65	30	10	No	...	.....
Muney, 2,415—Lycoming Co.								
Muney Valley Private Hospital■	Gen	Indep	18	8	7	No	48	498
Nanticoke, 26,043—Luzerne Co.								
State Hospital◊	Gen	State	120	96	10	Yes	157	2,807
New Brighton, 9,370—Beaver Co.								
Beaver Valley Gen. Hosp.◊■	Gen	Indep	70	33	10	No	153	1,113
New Castle, 48,674—Lawrence Co.								
Jameson Mem. Hosp.◊✣■	Gen	Indep	131	68	34	No	282	2,226
New Castle Hospital■	Gen	Church	105	63	20	No	326	2,115
New Kensington, 16,762—Westmoreland Co.								
Citizens General Hosp.◊■	Gen	Indep	87	70	13	No	208	1,945
Norristown, 35,853—Montgomery Co.								
Montgomery Hospital◊✣■	Gen	Indep	105	68	20	Yes	415	2,339
Norristown State Hosp.✣	N&M	State	2,961	3,026	..	No	...	468
Riverview Hospital	Gen	Indep	42	28	10	No	122	709
Northampton, 9,839—Northampton Co.								
Haff Hospital■	Gen	Indiv	35	13	5	No	16	502
Oil City, 22,075—Venango Co.								
Grandview Sanatorium	TB	Indep	50	25	..	No	...	48
Oil City General Hosp.◊■	Gen	Indep	120	56	22	No	258	1,360
Palmerton, 7,678—Carbon Co.								
Palmerton Hospital◊■	Gen	Indep	65	48	7	Yes	136	1,761
Peckville, 3,915—Lackawanna Co.								
Mid-Valley Hospital◊■	Gen	Indep	62	43	8	No	175	1,258
Philadelphia, 1,950,961—Philadelphia Co.								
American Hosp. for Diseases of the Stomach	Gen	Indep	39	23	..	Yes	4	1,127
American Oncologic Hosp.■	Sk&Ca	Indep	45	28	..	Yes	...	583
Anderson Hospital	Gen	Indep	86	32	26	No	268	2,735
Babies' Hospital	Ch'l	Indep	14	10	..	Yes	...	368
Broad Street Hospital■	Gen	Indep	80	39	30	Yes	394	1,471
Chestnut Hill Hospital◊■	Gen	Indep	92	66	20	Yes	399	2,239
Children's Heart Hosp.■	Card	Indep	42	42	..	No	...	78
Children's Hospital◊■	Chil	Indep	120	90	..	Yes	...	2,263
Fairmount Farm	N&M	Indep	44	22	..	No	...	150
Frankford Hospital◊■	Gen	Indep	119	89	23	Yes	465	3,243
Frederick Douglass Memorial Hospital (col.)✶	Gen	Indep	65	37	6	Yes	84	1,006
Friends Hospital◊	N&M	Indep	190	155	..	No	...	117
Garretson Hospital■	Mater	Indep	40	21	40	Yes	651	811
Germantown Dispensary and Hospital◊■	Gen	Indep	310	215	50	Yes	1,302	6,400
Graduate Hosp. of the Univ. of Pennsylvania✶✣◊■	Gen	Indep	475	278	18	Yes	288	8,905
Hahnemann Medical College Hospital✶◊■	Gen	Indep	515	402	77	Yes	1,454	10,736
Home for Consumptives■	TB	Church	105	99	..	No	...	107
Hospital of the Protestant Episcopal Church◊■	Gen	Church	450	300	..	Yes	...	6,105

Key to symbols and abbreviations is on page 2078

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Hospital of the University of Pennsylvania★◆◊■	Gen	State	557	353	32	Yes	544	9,622
Hospital of the Woman's Medical College★◊■	Gen	Indep	150	53	21	Yes	283	1,846
Institute of the Pennsylvania Hospital	N&M	Indep	60	34	..	Yes	...	.....
Jeanes Hospital★■	Cancer	Indep	72	49	..	Yes	...	288
Jefferson Medical College Hospital★◊■	Gen	Indep	631	523	57	Yes	973	12,452
Jewish Hospital★◊■	Gen	Indep	333	243	70	Yes	1,001	5,964
Joseph Price Mem. Hosp.◊■	Gen	Indep	60	33	5	Yes	57	588
Kensington Hospital for Women◊■	Mater	Indep	70	52	31	Yes	787	1,500
Lankenau Hospital★◊■	Gen	Indep	268	186	30	Yes	507	3,263
Mary J. Drexel Home and Children's Hospital★■	Chil	Church	47	25	4	Yes	...	195
Memorial Hospital★■	Gen	Indep	100	75	15	Yes	230	.....
Mercy Hospital (col.)★◊	Gen	Indep	94	73	10	Yes	184	1,587
Methodist Episcopal Hospital★◊	Gen	Church	264	184	37	Yes	883	5,841
Metropolitan Hospital	Gen	Indep	34	14	8	No	98	1,202
Misericordia Hospital★◊■	Gen	Church	250	147	36	Yes	895	4,728
Mt. Sinai Hospital★◊■	Gen	Indep	261	193	55	Yes	822	6,326
National Stomach Hosp.■	Gen	Indep	46	19	10	Yes	...	505
Northeastern Hospital★◊■	Gen	Indep	90	62	12	Yes	395	2,222
Northern Liberties Hosp.■	Gen	Indep	58	45	11	Yes	139	1,835
Northwestern General Hospital◊	Gen	Indep	57	38	8	Yes	137	1,576
Pennsylvania Hospital★◆◊■	Gen	Indep	430	323	130	Yes	1,921	10,018
Pennsylvania Hosp. Dept. for Mental and Nervous Diseases★◊	N&M	Indep	280	211	..	Yes	...	188
Philadelphia General Hospital★◆◊■▲	Gen	City	2,000	1,802	60	Yes	975	21,894
Philadelphia Hospital for Contagious Diseases§	Iso	City	900	408	..	No	...	4,584
Philadelphia Hospital for Mental Diseases	N&M	Cy&Co	2,500	4,518	..	No	...	1,485
Philadelphia Ortho. Hosp. & Infirmary for Nervous Diseases★◊■	Ortho,Nerv	Indep	144	71	..	Yes	...	779
Presbyterian Hospital★◊■	Gen	Church	282	182	42	Yes	564	4,214
Preston Retreat	Mater	Indep	50	31	35	Yes	510	500
Rush Hosp. for Consumption and Allied Diseases§	TB	Indep	178	108	..	No	...	592
St. Agnes' Hospital★◊▲■	Gen	Church	300	205	46	Yes	674	4,637
St. Christopher's Hospital for Children★◊■	Chil	Indep	75	58	..	Yes	...	2,213
St. Joseph's Hospital★◊■	Gen	Church	238	96	42	Yes	460	2,854
St. Luke's and Children's Homeo. Hospitals★◆◊■	ChilGen	Indep	242	122	38	Yes	529	3,360
St. Mary's Hospital★◊	Gen	Church	167	110	43	Yes	...	3,430
St. Vincent's Hospital for Women and Children	Gen	Church	439	305	32	Yes	518	1,947
Shriners' Hospital for Crippled Children■	Ortho	Frat	120	122	..	Yes	...	288
Stetson Hospital◊	Gen	Indep	62	40	16	Yes	155	1,236
Temple University Hosp.◊■	Gen	Indep	321	250	35	Yes	751	7,842
U. S. Naval Hospital★■	Gen	Navy	717	570	..	No	...	5,658
Veterans Admin. Hospital	N&M	VetAd	416	355	..	Yes	...	303
Wills Hospital★■	Eye	Indep	126	83	..	Yes	...	2,413
Woman's Hospital★◊■	Gen	Indep	130	100	40	Yes	902	2,879
Women's Homeopathic Hospital★◊■	Gen	Indep	160	111	40	Yes	560	2,745
Philipsburg, 3,600—Centre Co.								
Dr. Medlirk Sanitarium	Gen	Indiv	20	6	6	No	41	292
Philipsburg State Hosp.◊■	Gen	State	96	78	12	Yes	111	1,825
Phoenixville, 12,029—Chester Co.								
Phoenixville Hospital◊■	Gen	Indep	58	23	9	Yes	102	770
Pittsburgh, 669,817—Allegheny Co.								
Allegheny Gen. Hosp.★◆◊■	Gen	Indep	379	315	26	Yes	696	7,143
Belvedere General Hosp.	Gen	Indep	40	14	8	Yes	...	.....
Children's Hosp★■	Chil	Indep	196	121	..	Yes	...	2,501
Elizabeth Steel Magee Hospital★◊■	Gen	Indep	262	189	133	Yes	2,363	4,440
Eye and Ear Hospital★	EENT	Indep	50	30	5	Yes	...	3,178
Fairview Sanatorium	N&M	Indep	12	11	..	No	...	22
Haddon Maternity Hosp.	Mater	Indep	19	10	12	No	246	435
Homeopathic Medical and Surgical Hospital and Dispensary★◊■	Gen	Indep	265	170	45	Yes	703	4,221
Leech Farm Sanatorium■	TB	City	285	275	..	Yes	...	360
Mercy Hospital★◊■	Gen	Church	622	545	48	Yes	598	10,411
Montefiore Hospital★◊■	Gen	Indep	194	125	31	Yes	421	4,123
Municipal Hospital for Contagious Diseases	Iso	City	250	67	..	No	...	985
Passavant Hospital★◊■	Gen	Church	126	82	24	Yes	270	2,621
Pittsburgh Hospital★◊■	Gen	Church	176	138	24	Yes	457	3,461
Presbyterian Hospital★◊■	Gen	Church	188	138	9	Yes	73	3,636
Rosella Foundling and Maternity Hospital	Mater	Indep	83	47	132	Yes	236	.....
St. Francis Hospital★◆◊■▲	Gen	Church	600	483	35	Yes	688	7,610
St. John's Gen. Hosp.★◊■	Gen	Church	180	122	22	Yes	422	2,935
St. Joseph's Hospital★◊■	Gen	Church	128	94	12	Yes	151	2,310
St. Margaret Memorial Hospital★◊■	Gen	Church	152	76	21	Yes	262	2,237
South Side Hospital◊	Gen	Indep	210	158	15	Yes	332	4,251
Tuberculosis League Hospital★■	TB	Indep	150	143	..	Yes	...	253
U. S. Marine Hospital★	Gen	USPHS	92	88	..	Yes	...	677
Western Pennsylvania Hospital★◆◊■	Gen	Indep	600	497	51	Yes	1,087	10,222
Pittston, 18,246—Luzerne Co.								
Pittston Hospital◊	Gen	Indep	100	80	18	Yes	145	2,386

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Pottstown, 19,430—Montgomery Co.								
Homeopathic Hospital★■	Gen	Indep	52	15	10	Yes	90	674
Pottstown Hospital◊■	Gen	Indep	66	35	9	Yes	152	1,282
Pottsville, 24,300—Schuylkill Co.								
Lemos B. Warne Hospital■	Gen	Indiv	75	39	12	Yes	64	1,270
A. C. Milliken Hospital■	Gen	Indep	58	25	10	Yes	...	1,030
Pottsville Hospital★◊■	Gen	Indep	128	77	12	Yes	147	2,530
Punxsutawney, 9,266—Jefferson Co.								
Adrian Hospital	Gen	Indep	102	57	8	No	128	1,704
Quakertown, 4,883—Bucks Co.								
Quakertown Hospital◊■	Gen	Indep	50	24	10	Yes	95	607
Ransom, 57—Lackawanna Co.								
Ransom Home and Mental Hospital	N&M	City	370	355	..	No	...	41
Reading, 111,171—Berks Co.								
Berks Co. Tuber. Sanat.■	TB	County	89	69	..	Yes	...	138
Homeopathic Medical and Surgical Hospital◊■	Gen	Indep	100	79	15	Yes	236	2,549
Reading Hospital★◊■	Gen	Indep	230	194	38	Yes	604	4,816
St. Joseph's Hospital★◊■	Gen	Church	180	135	25	Yes	406	4,098
Dr. Stryker's Private Hospital	Gen	Indiv	24	8	4	No	...	.....
Renovo, 3,347—Clinton Co.								
Renovo Hospital	Gen	Indep	26	10	6	No	52	328
Retreat, 31—Luzerne Co.								
Retreat Mental Hospital	N&M	County	750	704	..	No	...	165
Ridgway, 6,314—Elk Co.								
Elk County Gen. Hosp.■	Gen	Indep	70	33	8	No	110	1,134
Ridley Park, 3,356—Delaware Co.								
Taylor Hospital	Gen	Indep	109	55	15	Yes	368	1,960
Roaring Spring, 2,724—Blair Co.								
Nason Hospital■	Gen	Indep	52	33	6	Yes	100	620
Rochester, 7,726—Beaver Co.								
Rochester General Hosp.◊■	Gen	Indep	108	77	10	Yes	246	3,069
St. Mary's, 7,433—Elk Co.								
Andrew Kaul Mem. Hosp.■	Gen	Indep	44	14	6	No	55	506
Sayre, 7,902—Bradford Co.								
Robert Packer Hosp.◊■	Gen	Indep	235	199	20	Yes	295	6,106
Schuylkill Haven, 6,514—Schuylkill Co.								
Schuylkill County Hospital for Mental Diseases	N&M	County	500	478	..	Yes	...	80
Scranton, 143,433—Lackawanna Co.								
Hahnemann Hospital★◊■	Gen	Indep	109	81	16	Yes	371	2,381
Lackawanna County Tuberculosis Hospital	TB	County	135	122	..	No	...	170
Mercy Hospital◊	Gen	Church	50	74	20	No	509	2,301
Moses Taylor Hospital★◊■	Gen	Indep	100	81	..	Yes	...	2,092
St. Joseph's Children's and Maternity Hospital§	Mater	Church	148	95	40	No	36	226
St. Mary's Keller Memorial Hospital◊■	Gen	Church	36	34	6	No	...	951
Scranton Private Hosp.■	Gen	Indep	30	16	10	No	...	1,221
Scranton State Hosp.★◊■	Gen	State	185	159	13	Yes	177	3,163
West Side Hospital★■	Gen	Indep	55	50	10	Yes	237	1,833
Selinsgrove, 2,797—Snyder Co.								
Selinsgrove State Colony for Epileptics	Epil	State	368	144	..	...	...	34
Sellersville, 2,065—Bucks Co.								
Grand View Hospital■	Gen	Indep	65	30	7	Yes	87	764
Sewickley, 5,569—Allegheny Co.								
Valley Hospital◊	Gen	Indep	109	90	17	Yes	375	2,269
Shamokin, 20,274—Northumberland Co.								
Shamokin State Hospital■	Gen	State	85	76	5	Yes	60	2,606
Sharon, 25,908—Mercer Co.								
Christian H. Buhl Hosp.◊■	Gen	Indep	108	55	17	Yes	274	1,893
Sharpsburg, 8,642—Allegheny Co.								
Veterans Admin. Hospital	TB	VetAd	226	210	..	No	...	304
Shenandoah, 24,787—Schuylkill Co.								
Locust Mountain State Hospital	Gen	State	70	30	5	Yes	24	687
Somerset, 4,395—Somerset Co.								
Somerset Community Hosp.	Gen	Indep	20	10	6	Yes	44	521
South Mountain, 29—Franklin Co.								
Pennsylvania State Sanat.★◆	TB	State	970	843	..	No	...	1,324
Spangler, 2,761—Cambria Co.								
Miners' Hospital of Northern Cambria◊■	Gen	Indep	69	56	6	No	62	1,550
Sunbury, 15,626—Northumberland Co.								
Mary M. Packer Hospital■	Gen	Indep	61	38	9	Yes	121	1,143
Susquehanna, 3,203—Susquehanna Co.								
Simon H. Barnes Memorial Hospital	Gen	Indep	16	8	5	No	44	241
Tarentum, 9,551—Allegheny Co.								
Allegheny Valley Hosp.◊■	Gen	Indep	94	62	10	No	161	1,721
Taylor, 10,428—Lackawanna Co.								
Taylor Hospital◊	Gen	Indep	40	36	8	Yes	70	1,151
Titusville, 8,055—Crawford Co.								
Titusville Hospital◊	Gen	Indep	44	18	6	No	107	727
Torrance, 414—Westmoreland Co.								
Torrance State Hospital	N&M	State	880	794	..	No	...	384
Uniontown, 19,344—Fayette Co.								
Uniontown Hospital★◊■	Gen	Indep	205	140	20	Yes	293	3,602
Upland, 2,700—Delaware Co.								
Bram Goiter Institute	Goiter	Indiv	25	10	..	No	...	.....
Warren, 14,863—Warren Co.								
Warren General Hospital◊	Gen	Indep	80	46	22	No	379	1,664
Warren State Hospital★◊	N&M	State	1,596	1,768	..	Yes	...	385
Washington, 24,545—Washington Co.								
Hillsview Farms Sanit.	Gen	Indiv	50	42	..	No	...	390
Washington Hospital★◊■	Gen	Indep	138	108	28	Yes	316	2,899
Waymart, 902—Wayne Co.								
Farview State Hospital■	N&M	State	625	620	..	Yes	...	52
Waynesboro, 10,167—Franklin Co.								
Waynesboro Hospital■	Gen	Indep	37	29	10	No	143	875

Key to symbols and abbreviations is on page 2078

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PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Waynesburg, 4,915—Greene Co.								
Greene County Memorial Hospital■	Gen	Indep	31	17	6	No	36	703
Wernersville, 1,096—Berks Co.								
Wernersville State Hosp...	N&M	State	1,250	1,121	..	No	...	99
West Chester, 12,325—Chester Co.								
Chester County Hosp.●○■..	Gen	Indep	132	75	22	Yes	263	2,345
Homeopathic Hospital○■..	Gen	Indep	67	39	10	Yes	150	1,155
Vell Maternity Hospital...	Mater	Indiv	90	45	35	No	243	261
West Grove, 1,375—Chester Co.								
West Grove Hospital.....	Gen	Indiv	23	14	8	...	...	.....
White Haven, 1,537—Luzerne Co.								
White Haven Sanatorium○	TB	Indep	250	239	..	No	...	695
Wilkes-Barre, 86,626—Luzerne Co.								
Mercy Hospital●○■.....	Gen	Church	203	127	17	Yes	367	4,236
Wilkes-Barre Gen. Hosp.●○	Gen	Indep	415	203	57	Yes	443	6,341
Wyoming Valley Homeopathic Hospital○■.....	Gen	Indep	70	52	10	Yes	322	2,096
Wilkinsburg, 29,539—Allegheny Co.								
Columbia Hospital●○■.....	Gen	Church	178	114	26	Yes	399	2,589
Williamsport, 45,729—Lycoming Co.								
Rothfuss Clinic & Hosp.●	Gen	Part	22	10	5	Yes	41	400
Williamsport Hospital●○■.	Gen	Indep	231	110	44	Yes	432	3,535
Williamstown, 2,958—Dauphin Co.								
Williams Valley Hospital■	Gen	Indiv	24	5	2	Yes	4	100
Windber, 9,205—Somerset Co.								
Windber Hospital●○■.....	Gen	Indep	98	80	4	Yes	131	2,192
Woodville, 510—Allegheny Co.								
Allegheny County Home and Hospital for Insane	N&M	County	2,778	2,484	..	No	...	.....
York, 55,254—York Co.								
West Side Sanitarium■....	Gen	Indiv	50	29	10	No	74	941
York Hospital●○■.....	Gen	Indep	194	112	25	Yes	369	3,606

Related Institutions

Bellevue, 10,252—Allegheny Co.								
Salvation Army Woman's Home and Hospital■....	Mater	Church	10	4	10	No	110	135
Broomall, 125—Delaware Co.								
Convalescent Hospital...	Conv	Frat	30	18	..	No	...	251
Bryn Mawr, 3,056—Montgomery Co.								
Bryn Mawr College Infirm.	Inst	Indep	14	8	..	Yes	...	300
Cambridge Springs, 1,065—Crawford Co.								
Logan's Hospital.....	Gen	Indiv	8	3	2	No	10	90
Carlisle, 12,596—Cumberland Co.								
Cumberland County Home■	Inst	County	24	20	..	No	...	15
Chambersburg, 13,788—Franklin Co.								
Wilson College for Women Infirmary	Inst	Indep	10	2	..	..	...	.....
Darby, 9,899—Delaware Co.								
St. Francis' Country House for Conv. & St. Francis Hall for Incurables....Convlncur		Church	50	47	5	No	...	592
Devon, 364—Chester Co.								
Favorlea Farm.....	N&M	Indiv	12	...	..	...	...	.....
Perfect Rest.....	N&M	Indiv	10	2	..	No	...	.....
Ebensburg, 5,063—Cambria Co.								
Cambria County Hosp.■▲	Inst	County	108	75	5	No	8	.....
Elwyn, 162—Delaware Co.								
Elwyn Training School...	MenDef	Indep	1,045	1,000	..	No	...	96
Embreeville, 147—Chester Co.								
Chester County Hospital for Insane.....	N&M	County	400	386	..	No	...	74
Emsworth (Pittsburgh P.O.), 2,709—Allegheny Co.								
Orphan Asylum of the Holy Family.....	Inst	Church	20	10	..	No	...	.....
Erie, 115,967—Erie Co.								
Lakeview Hospital.....	Iso	City	74	...	..	No	...	.....
Louise Home■.....	TB	Indep	16	14	..	No	...	53
Gibsonia, 138—Allegheny Co.								
St. Barnabas Free Home.	Incur	Church	107	107	...	...	...	.....
Harmarville, 786—Allegheny Co.								
Harmarville Conv. Home.	Conv	Indep	45	45	27	No	...	229
Huntingdon, 7,558—Huntingdon Co.								
Pennsylvania Industrial Reformatory	Inst	State	36	20	..	Yes	...	240
Johnstown, 66,993—Cambria Co.								
Municipal Hospital■.....	Iso	City	100	5	..	No	...	75
Salus Private Hospital....	Alcoh	Indiv	12	...	..	No	...	.....
Lancaster, 59,949—Lancaster Co.								
Lancaster County Hospital and Hospital for Insane	N&M	Cy&Co	315	286	..	Yes	...	37
Lansdowne, 9,542—Delaware Co.								
Sanatorium School.....	Ortho	Indiv	30	21	..	No	...	21
Laurelton, 327—Union Co.								
Laurelton State Village...MenDef		State	560	664	..	No	...	.....
Loysville, 400—Perry Co.								
Tressler Orphans Home...	Inst	Church	40	6	..	No	...	120
Mercer, 2,125—Mercer Co.								
Mercer County Home and Hospital	N&M	County	220	199	..	No	...	43
Middletown, 6,085—Dauphin Co.								
Odd Fellows' Home.....	Inst	Frat	50	47	..	No	...	55
Morganza,—Washington Co.								
Pennsylvania Training School■	Inst	State	13	4	..	Yes	6	1,602
Nazareth, 5,505—Northampton Co.								
Northampton County Almshouse■	Inst	County	95	90	8	No	...	.....
New Brighton, 9,950—Beaver Co.								
Beaver County Children's Home	Inst	Indep	10	...	..	No	...	19
New Wilmington, 907—Lawrence Co.								
Overlook Sanitarium.....	Conv	Indiv	40	30	..	No	...	.....

PENNSYLVANIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
North East, 3,670—Erie Co.								
St. Barnabas' House by the Lake	Incur	Church	28	28	..	No	...	30
Oakbourne, 32—Chester Co.								
James C. Smith Memorial Home	Conv	Church	18	16	..	...	...	331
Pennsylvania Epileptic Hospital and Colony Farm..	Epil	Indep	110	106	..	No	...	12
Olyphant, 10,745—Lackawanna Co.								
Blakely Home.....	N&M	Indep	155	136	..	No	...	.....
Pennhurst,—Chester Co.								
Pennhurst State School●..	MenDef	State	1,500	1,280	..	No	...	145
Philadelphia, 1,950,961—Philadelphia Co.								
Belle Vista Sanatorium...	Conv	Indiv	80	50	..	No	...	10
Belmont Hospital.....	Mater	Church	10	1	10	No	142	295
Brown's Farm.....	Chil	City	70	60	...	...	...	.....
Chester Avenue Private Hospital	Gen	Indiv	9	5	9	No	152	320
Eastern State Penitentiary Hospital■	Inst	State	69	43	..	No	...	846
Florence Crittenton Home.	Mater	Indep	14	1	14	No	22	30
Hebrew Sheltering Home.	Inst	Indep	30	20	6	...	...	.....
Home of the Merciful Savior for Crippled Children...	Ortho	Indep	62	61	..	No	...	62
House of the Good Shepherd (col.).....	Vener	Church	75	55	..	No	...	.....
Kenwood Sanitarium.....	Conv	Indiv	30	25	..	No	...	.....
Logan Private Hospital...	N&M	Indiv	9	5	..	No	...	3
Lutheran Orphanage and Home for Aged.....	Inst	Church	34	25	..	No	...	.....
Pennsylvania Institution for the Deaf.....	Inst	Indep	20	...	..	No	...	.....
Philadelphia County Prison Hospital■	Inst	County	15	10	..	No	...	118
Philadelphia Home for Incurables	Incur	Indep	203	203	..	No	...	200
Roseneath Farms.....	Conv	Indep	24	21	..	No	...	65
Sharon Hall.....	Conv	Indiv	30	18	..	...	...	.....
Widener Memorial Industrial Training School for Crippled Children.....	Ortho	Indep	100	80	..	No	...	6
Pittsburgh, 669,817—Allegheny Co.								
J. M. Gusky Orphanage and Home.....	Inst	Indep	20	5	..	No	...	.....
Industrial Home for Crippled Children	Inst	Indep	28	18	..	No	...	.....
Jewish Home for the Aged	Inst	Indep	20	20	..	No	...	8
Western Penitentiary Hospital	Inst	State	25	21	..	No	...	727
Polk, 3,337—Venango Co.								
Polk State School●.....	MenDef	State	2,000	2,611	..	Yes	...	264
Pottstown, 19,439—Montgomery Co.								
Hill School Infirmary.....	Inst	Indep	30	9	..	Yes	...	447
Retreat, 31—Luzerne Co.								
Retreat Home and Hospital for Chronic Diseases■...	Inst	County	130	100	..	No	...	801
Rochester, 7,726—Beaver Co.								
Passavant Mem. Homes for the Care of Epileptics..	Epil	Church	150	120	..	No	...	.....
Schuylkill Haven, 6,514—Schuylkill Co.								
Schuylkill County Hosp.■.	Inst	County	150	...	..	No	...	.....
Scranton, 143,433—Lackawanna Co.								
Municipal Hospital for Contagious Disease.....	Iso	City	50	6	..	No	...	88
Woman's Hospital.....	Mater	Part	10	4	10	No	...	.....
Shillington, 4,401—Berks Co.								
Berks County Almshouse Hospital■▲	Inst	County	131	81	..	Yes	...	50
Somerset, 4,395—Somerset Co.								
Somerset County Home and Hospital	N&M	County	450	402	..	No	...	34
State College, 4,450—Centre Co.								
Pennsylvania State College Health Service Infirm...	Inst	State	25	6	..	Yes	...	435
Troy, 1,190—Bradford Co.								
Bradford County Home...	Inst	County	110	...	..	...	...	.....
Martha Lloyd School.....MenDef		Indiv	40	25	..	...	...	.....
Tyrone, 9,042—Blair Co.								
Methodist Home for Aged	Inst	Church	23	23	..	No	...	25
Union City, 3,788—Erie Co.								
Union Hospital.....	Gen	Indep	12	5	5	No	25	182
Valencia, 308—Butler Co.								
Lillian Convalescent Rest.	Conv	Indep	50	48	..	No	...	357
Weatherly, 2,531—Carbon Co.								
Middle Coal Field Poor District Almshouse■.....	Inst	County	60	42	..	No	...	.....
White Haven, 1,537—Luzerne Co.								
Clair Mont Sanatorium...	TB	Indiv	14	10	..	...	...	30
Ferncliff Sanatorium.....	TB	Part	25	11	..	No	...	34
Sunnyrest Sanatorium.....	TB	Part	50	24	..	No	...	60
Wilkes-Barre, 86,626—Luzerne Co.								
Contagious Disease Hosp.	Iso	City	12	4	..	No	...	100
Willow Grove, 2,065—Montgomery Co.								
Willow Crest for Conv...	Conv	Indep	75	72	4	No	...	705
Wyncote, 275—Montgomery Co.								
Crest View Sanitarium....	N&M	Indiv	15	4	..	...	...	.....

Summary for Pennsylvania:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums..	297	63,399	50,172	562,027
Related institutions.....	79	11,045	9,592	10,772
Totals.....	376	74,444	59,764	572,799
Refused registration.....	21	388		

Key to symbols and abbreviations is on page 2078

RHODE ISLAND

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Central Falls, 25,898—Providence Co.								
Notre Dame Hospital	Gen	Indep	50	23	7	Yes	77	858
East Greenwich, 3,666—Kent Co.								
Crawford Allen Mem. Hosp.	(Included in Rhode Island Hosp., Providence)							
East Providence, 29,995—Providence Co.								
Emma Pendleton Bradley Home	Chil,Nerv	Indep	100	New	..	No	...	.....
Hillsgrove, 1,826—Kent Co.								
St. Joseph's Sanit. Annex	TB	Church	70	35	..	No	...	58
Howard, 2,250—Providence Co.								
State Hospital for Mental Diseases✣◊	N&M	State	1,550	1,980	..	Yes	...	380
State Infirmary▪	Gen	State	897	885	12	No	40	800
Newport, 27,612—Newport Co.								
Newport Hospital◊■	Gen	Indep	150	99	21	Yes	314	1,917
Station Hospital	Gen	Army	25	6	..	Yes	...	.....
U. S. Naval Hospital■	Gen	Navy	303	220	..	Yes	...	2,058
Pawtucket, 77,149—Providence Co.								
Memorial Hospital✣◊■	Gen	Indep	160	111	28	Yes	115	2,502
Providence, 252,981—Providence Co.								
Broadway Hospital	Gen	Indiv	10	4	..	No	...	203
Butler Hospital◊	N&M	Indep	174	142	..	Yes	...	141
Charles V. Chapin Hospital✣■▲	Iso,TB	City	270	154	..	Yes	...	2,100
Homeopathic Hospital✣◊■	Gen	Indep	166	115	34	Yes	733	3,876
Hope Hospital■	Gen	Indep	38	21	..	No	...	900
Jane Brown Mem. Hosp.	Gen	Indep	70	33	..	No	...	995
John W. Keefe Surgery	Gen	Indep	25	6	..	No	...	94
Miriam Hospital■	Gen	Indep	63	35	14	Yes	184	1,305
Providence Lying-In Hospital✣■	Mater	Indep	155	96	155	Yes	2,303	2,656
Rhode Island Hosp.✣◊■	Gen	Indep	600	397	..	Yes	...	7,983
St. Joseph's Hospital✣◊■	Gen	Church	278	160	40	Yes	421	3,045
Wakefield, 2,716—Washington Co.								
South County Hospital■	Gen	Indep	35	17	10	No	85	550
Wallum Lake, 75—Providence Co.								
Rhode Island State Sanatorium✣■	TB	State	400	369	..	Yes	...	420
Westerly, 10,997—Washington Co.								
Margaret Edward Anderson Hospital■	Gen	Indiv	20	10	6	Yes	...	.....
Westerly Hospital◊■	Gen	Indep	61	28	12	No	127	714
Woonsocket, 49,376—Providence Co.								
Woonsocket Hospital◊	Gen	Indep	125	72	20	Yes	...	.....
Related Institutions								
Bristol, 11,953—Bristol Co.								
R. I. Soldiers' Home	Inst	State	50	37	..	No	...	37
Howard, 2,250—Providence Co.								
Rhode Island State Prison Hospital■	Inst	State	21	8	..	Yes	...	.....
Sockanosset School for Boys	Inst	State	9	4	..	No	...	253
Hoxsie, 79—Kent Co.								
Lakeside Home & Prevent.	TB	Indep	140	54	..	No	...	317
La Fayette, 700—Washington Co.								
Exeter School	MenDef	State	324	530	..	No	...	94
Providence, 252,981—Providence Co.								
Heath Sanatorium	Conv	Indiv	20	15	..	No	...	25
Heath Sanitarium Annex	Conv	Indiv	14	12	..	No	2	20
St. Elizabeth Home for Incurables	Incur	Church	44	43	..	No	...	.....

Summary for Rhode Island:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	25	5,775	5,027	33,585
Related institutions	8	760	703	746
Totals	33	6,535	5,730	34,331
Refused registration	1	60		

SOUTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Abbeville, 4,414—Abbeville Co.								
Abbeville Co. Mem. Hosp.◊	Gen	Indep	25	5	2	No	18	234
Aiken, 6,033—Aiken Co.								
Aiken County Hospital■	Gen	County	29	21	2	No	18	676
Anderson, 14,383—Anderson Co.								
Anderson County Hosp.◊■	Gen	Indep	66	44	9	Yes	128	1,812
St. Mary's Hospital■	Gen	Indiv	30	New	2	Yes	...	.....
Bennettsville, 3,667—Marlboro Co.								
Marlboro Co. Gen. Hosp.◊■	Gen	County	34	15	6	Yes	57	572
Camden, 5,183—Kershaw Co.								
Camden Hospital■	Gen	Indep	45	24	6	Yes	72	828
Charleston, 62,265—Charleston Co.								
Baker Sanatorium◊	Gen	Indiv	50	38	12	No	62	1,153
Roper Hospital✣◊■▲	Gen	Indep	270	223	30	Yes	514	5,100
St. Francis Xavier Infirm.◊	Gen	Church	50	20	13	No	76	608
Chester, 5,528—Chester Co.								
Pryor Hospital◊■	Gen	Indep	60	21	6	No	51	538
Clinton, 5,643—Laurens Co.								
Dr. Hays' Hospital■	Gen	Indiv	15	7	2	No	15	326
Columbia, 51,581—Richland Co.								
Columbia Hospital✣◊	Gen	County	127	79	12	Yes	243	2,934
Good Samaritan Hospital (col.)◊	Gen	Indep	65	45	5	No	26	.....
South Carolina Baptist Hosp.tal◊	Gen	Church	109	97	6	Yes	145	3,020

SOUTH CAROLINA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
South Carolina State Hospital◊	N&M	State	2,918	3,214	..	Yes	...	915
Waverley Fraternal Hospital (col.)	Gen	Frat	58	30	4	Yes	24	634
Waverley Sanitarium	N&M	Indep	35	22	..	No	...	98
Conway, 3,011—Horry Co.								
Conway Hospital◊■	Gen	Indep	35	14	6	Yes	94	783
Florence, 14,774—Florence Co.								
Florence-Darlington Tuberculosis Sanatorium	TB	County	38	33	..	No	...	.....
McLeod Infirmary◊■	Gen	Indep	130	90	8	No	129	2,966
Saunders Memorial Hosp.◊■	Gen	Indep	65	29	4	Yes	23	1,416
Gaffney, 6,827—Cherokee Co.								
City Hospital◊■	Gen	Indep	35	10	..	No	12	1,235
Greenville, 29,154—Greenville Co.								
Greenville City Hosp.✣◊■	Gen	City	99	73	8	Yes	276	2,601
Greenville Co. Tuber. Hosp.	TB	County	70	52	..	Yes	...	140
Dr. Jervey's Private Hosp.	EENT	Indiv	15	5	..	No	...	275
Shriners' Hospital for Crippled Children■	Ortho	Frat	60	61	..	Yes	...	368
Dr. Tyler's Hospital	Surg	Indiv	12	3	..	No	...	.....
Working Benevolent Society Hospital (col.)	Gen	Frat	22	10	1	No	16	210
Greenwood, 11,020—Greenwood Co.								
Brewer Hospital (col.)◊	Gen	Church	21	5	1	No	9	186
Greenwood City Hosp.tal◊	Gen	Indep	51	14	4	No	58	576
Lake City, 2,942—Florence Co.								
Lynch Infirmary■	Gen	Indiv	15	4	2	No	30	68
Lancaster, 3,745—Lancaster Co.								
Lancaster Hospital■	Gen	Indiv	25	12	2	No	...	163
Laurens, 3,443—Laurens Co.								
Laurens Hospital■	Gen	Indep	14	3	2	Yes	12	174
Leesville, 1,340—Lexington Co.								
Leesville Infirmary◊■	Gen	Indep	25	10	5	No	24	300
Moultrieville, 515—Charleston Co.								
Station Hospital	Gen	Army	45	12	..	Yes	...	380
Mullins, 3,158—Marion Co.								
Marion County Tuberculosis Sanatorium (col.)	TB	County	13	9	..	No	...	.....
Mullins Hospital	Gen	Indep	45	23	5	No	95	1,081
Navy Yard, 1,025—Charleston Co.								
Pinehaven Sanatorium■	TB	County	50	47	..	Yes	...	77
Newberry, 7,298—Newberry Co.								
Newberry County Hosp.◊	Gen	Indep	25	7	5	No	19	329
Orangeburg, 8,776—Orangeburg Co.								
Orangeburg Hospital◊■	Gen	Indiv	51	19	5	Yes	12	1,457
Parris Island, 305—Beaufort Co.								
U. S. Naval Hospital■	Gen	Navy	201	89	5	Yes	26	1,465
Ridgewood, (Columbia P.O.)—Richland Co.								
Ridgewood Tuber. Camp.■	TB	Indep	64	52	..	Yes	...	70
Rock Hill, 11,322—York Co.								
Fennell Infirmary◊■	Gen	Indiv	35	20	2	No	50	948
Six Mile, 150—Pickens Co.								
Dr. Peek's Hospital	Gen	Indiv	26	11	1	No	18	335
Spartanburg, 28,723—Spartanburg Co.								
Mary Black Clinic and Private Hospital◊	Gen	Part	45	30	5	Yes	10	816
Spartanburg Gen. Hosp.✣◊■	Gen	County	261	91	26	Yes	189	2,707
State Park,—Richland Co.								
Palmetto Sanatorium	(Colored Division of South Carolina Sanat.)							
South Carolina	TB	State	274	242	..	No	...	272
Sumter, 11,780—Sumter Co.								
Camp Alice	TB	Cy&Co	26	22	..	No	...	61
Toomey Hospital◊■	Gen	Indep	80	40	8	Yes	79	1,105
Taylor, 301—Greenville Co.								
Chick Springs Hotel Sanit.◊	Gen	Indiv	75	36	3	No	...	.....
Union, 7,419—Union Co.								
Wallace Thompson Hosp.	Gen	Indep	20	10	2	No	20	287
Walterboro, 2,502—Colleton Co.								
Charles Es'Dorn Hosp.◊■	Gen	Indiv	35	20	4	No	30	1,215
Woodruff, 3,175—Spartanburg Co.								
Workman Memorial Hosp.	Gen	Indiv	10	4	2	No	15	.....
Related Institutions								
Aiken, 6,033—Aiken Co.								
Aiken Cottage Sanatorium	TB	Indep	18	9	..	No	...	28
Cedar Spring, 102—Spartanburg Co.								
Infirmary of the South Carolina School for Deaf and Blind	Inst	State	24	4	..	...	...	.....
Charleston, 62,265—Charleston Co.								
Charleston Orphan House	Inst	City	25	23	..	No	...	109
Citadel Hospital	Inst	State	30	10	..	No	...	.....
Clinton, 5,643—Laurens Co.								
Lesh Infirmary of Thornwell Orphanage	Inst	Church	30	5	..	No	...	.....
Columbia, 51,581—Richland Co.								
South Carolina University Infirmary	Inst	State	28	2	..	Yes	...	270
Greenville, 29,154—Greenville Co.								
Webb Memorial Infirmary	Inst	Indep	42	4	..	No	...	303
Spartanburg, 28,723—Spartanburg Co.								
Woffard Infirmary	Inst	Indep	14	2	..	No	...	.....
Summerville, 2,579—Dorchester Co.								
Arthur B. Lee Hospital (col.)	Gen	Indep	12	3	3	Yes	10	98
Summerville Infirmary	Gen	Indep	9	3	3	Yes	11	113

Summary for South Carolina:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	53	6,099	5,117	43,610
Related institutions	10	239	69	921
Totals	63	6,338	5,186	44,531
Refused registration	1	22		

Key to symbols and abbreviations is on page 2078

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SOUTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Aberdeen, 16,465—Brown Co.								
Aberdeen Good Samaritan Hospital	Gen	Indep	80	15	9	No	49	513
St. Luke's Hospital◊■	Gen	Church	100	72	25	No	359	2,635
Belle Fourche, 2,032—Butte Co.								
Belle Fourche Hospital	Gen	Indep	10	5	3	No	40	240
Bowdle, 773—Edmunds Co.								
Community Hospital	Gen	Indep	11	4	3	No	56	250
Brookings, 4,376—Brookings Co.								
Wesley Hospital■	Gen	Church	24	13	8	No	100	669
Canova, 364—Miner Co.								
Canova Hospital	Gen	Indep	15	8	4	No	40	330
Chamberlain, 1,994—Brule Co.								
Chamberlain Sanitarium and Hospital◊■	Gen	Indep	66	25	6	Yes	63	1,142
Cheyenne Agency, 121—Dewey Co.								
Cheyenne River Indian Hospital	Gen	Indian	40	27	3	Yes	...	.....
Deadwood, 2,559—Lawrence Co.								
St. Joseph's Hospital◊	Gen	Church	50	21	6	No	75	966
Dell Rapids, 1,657—Minnehaha Co.								
Dell Rapids Hospital◊	Gen	Indep	26	10	4	Yes	36	318
Edgemont, 1,103—Fall River Co.								
Edgemont Hospital■	Gen	Indiv	10	3	2	No	20	86
Eureka, 1,308—McPherson Co.								
Eureka Community Hosp.	Gen	Indep	23	9	5	No	51	371
Faulkton, 739—Faulk Co.								
Faulk County Hospital	Gen	County	17	13	4	No	68	400
Flandreau, 1,934—Moody Co.								
Flandreau Hospital	Gen	Indiv	10	2	1	No	19	178
Ft. Meade,—Meade Co.								
Station Hospital■	Gen	Army	25	18	..	Yes	12	220
Ft. Thompson, 65—Buffalo Co.								
Marcoe Indian Hospital	Gen	Indian	29	27	5	Yes	29	414
Garretson, 635—Minnehaha Co.								
De Vall Hospital	Gen	Indiv	10	3	2	Yes	21	102
Hot Springs, 2,908—Fall River Co.								
Black Hills Hospital	Gen	Indiv	17	10	8	No	49	264
Lutheran Sanatorium and Hospital■	Gen	Church	40	14	3	No	7	369
Our Lady of Lourdes Hospital and Sanitarium◊	Gen	Church	75	32	6	No	47	1,266
Huron, 10,946—Beadle Co.								
Sprague Hospital◊■	Gen	Indep	50	31	7	Yes	128	1,137
Lead, 5,733—Lawrence Co.								
Homestake Hospital	Gen	Indus	25	11	5	Yes	29	417
Lemmon, 1,508—Perkins Co.								
Lemmon Hospital	Gen	Indiv	14	5	6	No	25	225
Madison, 4,289—Lake Co.								
New Madison Hospital◊	Gen	Indep	50	27	12	No	99	1,168
Milbank, 2,389—Grant Co.								
St. Bernard's Providence Hospital	Gen	Church	25	6	5	No	39	330
Miller, 1,447—Hand Co.								
Miller Hosp. and Clinic	Gen	Indiv	18	9	5	No	99	320
Mitchell, 10,942—Davison Co.								
Methodist State Hosp.◊	Gen	Church	100	50	15	No	161	1,700
St. Joseph's Hospital◊	Gen	Church	85	45	12	No	199	1,490
Mobridge, 3,464—Walworth Co.								
Lowe's Hospital■	Gen	Indiv	20	9	6	No	43	317
Mobridge Hospital	Gen	Indep	30	11	2	No	40	424
New Underwood, 311—Pennington Co.								
New Underwood Community Hospital■	Gen	Indep	13	5	6	No	56	247
Parkston, 1,336—Hutchinson Co.								
Dr. J. L. Waldner's Hosp.	Gen	Indiv	12	5	..	No	...	.....
Pierre, 3,659—Hughes Co.								
St. Mary's Hospital◊■	Gen	Church	100	52	8	Yes	103	2,103
Pine Ridge, 618—Shannon Co.								
U. S. Indian Service General Hospital	Gen	Indian	54	21	6	Yes	34	540
Rapid City, 10,404—Pennington Co.								
Black Hills Methodist Hospital◊■	Gen	Church	57	33	10	No	13	2,078
St. John's Hospital◊■	Gen	Church	75	35	12	Yes	126	1,777
Redfield, 2,664—Spink Co.								
Baldwin Community Hosp.	Gen	City	15	4	5	No	21	198
Rosebud, 120—Todd Co.								
Rosebud Agency Indian Hospital	Gen	Indian	36	25	8	Yes	100	1,100
Sanator, 10—Custer Co.								
South Dakota State Sanatorium for Tuberculosis	TB	State	240	150	..	No	...	135
Sioux Falls, 33,362—Minnehaha Co.								
McKennan Hospital◊	Gen	Church	110	74	12	No	290	2,607
Moe Hosp. and Clinic■	Gen	Part	44	22	6	No	79	940
Sioux Valley Hospital◊■	Gen	Indep	125	63	25	No	268	2,260
Vermillion, 2,850—Clay Co.								
Vermillion Hospital	Gen	Indiv	10	4	..	No	10	150
Volga, 604—Brookings Co.								
Volga Hospital	Gen	Indep	20	...	..	No	...	.....
Watertown, 10,214—Codington Co.								
Bartron Hospital◊	Gen	Church	59	35	6	No	36	716
Luther Hospital◊	Gen	Church	60	45	10	No	152	1,324
Webster, 1,805—Day Co.								
Peabody Hospital◊	Gen	Indiv	60	37	5	No	97	1,084
Winner, 2,220—Tripp Co.								
Wilson Hospital	Gen	Indiv	10	5	2	No	33	317
Winner General Hospital	Gen	Indiv	12	5	5	No	35	200
Yankton, 6,072—Yankton Co.								
Sacred Heart Hospital◊	Gen	Church	130	70	20	No	203	2,509
Yankton State Hospital✦	N&M	State	1,330	1,467	..	No	...	250

SOUTH DAKOTA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Avon, 670—Bon Homme Co.								
Hollingsworth Hospital	Gen	Indiv	8	3	2	No	...	.....
Camp Crook, 161—Harding Co.								
Camp Crook Hospital	Gen	Indiv	9	3	2	No	...	.....
Canton, 2,270—Lincoln Co.								
Asylum for Insane Indians	N&M	Indian	92	89	..	No	...	10
Flandreau, 1,934—Moody Co.								
Flandreau Indian School Hospital	Gen	Indian	35	14	..	No	..	533
Hot Springs, 2,508—Fall River Co.								
State Soldiers' Home	Inst	State	30	15	..	No	...	144
Veterans Admin. Home✦▲	Inst	Vet.Ad	560	529	..	No	...	1,273
Onida, 636—Sully Co.								
Onida Hospital	Gen	Indiv	7	3	3	No	12	40
Pierre, 3,659—Hughes Co.								
Pierre Indian School Hosp.	Gen	Indian	26	11	..	Yes	...	387
Pine Ridge, 618—Shannon Co.								
Ogiala Boarding School Hospital	Inst	Indian	24	13	..	No	...	.....
Platte, 1,207—Charles Mix Co.								
Platte Hospital	Gen	Indiv	7	2	2	Yes	18	278
Redfield, 2,664—Spink Co.								
State School and Home for Feebleminded	MenDef	State	600	532	..	No	...	135
Tyndall, 1,287—Bon Homme Co.								
Tyndall Hospital	Gen	Indiv	6	3	..	No	...	.....
Wagner, 1,420—Charles Mix Co.								
Pinard Hospital	Gen	Indiv	8	3	2	No	...	.....
Wagner Hospital	Gen	Indiv	8	5	2	No	8	62

Summary for South Dakota:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	51	3,663	2,698	38,796
Related institutions	14	1,420	1,225	2,862
Totals	65	5,083	3,923	41,658
Refused registration	3	130		

TENNESSEE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Athens, 5,385—McMinn Co.								
Forre Hospital■	Gen	Part	10	4	3	No	25	150
Bolivar, 1,217—Hardeman Co.								
Western State Hospital✦	N&M	State	1,165	1,134	..	No	...	296
Brownsville, 3,204—Haywood Co.								
Haywood Co. Mem. Hosp.■	Gen	Cy&Co	32	15	5	Yes	18	544
Centerville, 943—Hickman Co.								
Edwards' Hospital	Gen	Indiv	12	6	2	..	...	.....
Chattanooga, 119,798—Hamilton Co.								
Baroness Erlanger Hospital◊■	Gen	Cy&Co	220	158	26	Yes	643	4,416
Children's Hospital✦■	Chil	Cy&Co	73	47	11	Yes	128	1,099
Newell and Newell Sanit.◊■	Gen	Part	65	45	5	Yes	25	986
Pine Breeze Sanitarium✦■	TB	Indep	210	208	..	Yes	...	232
Walden Hospital (col.)	Gen	Indiv	25	4	2	No	...	.....
Clarksville, 9,242—Montgomery Co.								
Clarksville Home Infirmary (col.)	Gen	Indiv	25	5	2	No	5	490
Clarksville Hospital◊	Gen	Indep	30	12	6	No	22	454
Cleveland, 9,136—Bradley Co.								
Speck Hospital	Gen	Indep	30	5	2	No	10	253
Columbia, 7,882—Maury Co.								
King's Daughters Hosp.◊	Gen	Indep	50	20	8	Yes	46	900
Cookeville, 3,738—Putnam Co.								
Cookeville City Hospital	Gen	City	20	6	...	...	...	.....
Dayton, 2,006—Rhea Co.								
Broyles Private Hospital	Gen	Indiv	12	6	3	No	14	202
Dyersburg, 8,733—Dyer Co.								
Baird-Brewer Gen. Hosp.◊■	Gen	Indep	50	9	2	No	14	717
Elizabethton, 8,093—Carter Co.								
St. Elizabeth Gen. Hosp.■	Gen	Indep	20	5	5	No	23	289
Greeneville, 5,544—Greene Co.								
Greeneville Sanatorium and Hospital◊■	Gen	Part	60	18	12	No	15	678
Takoma Hosp. & Sanit.◊■	Gen	Indep	40	25	6	No	17	700
Humboldt, 4,613—Gibson Co.								
Oursler Clinic	Gen	Indiv	10	5	2	No	52	303
Jackson, 22,172—Madison Co.								
Crook Sanatorium◊	Gen	Indep	75	30	6	Yes	...	.....
Memorial Hospital◊■	Gen	Indep	30	15	6	Yes	38	496
Webb-Williamson Hospital Clinic	Gen	Indep	31	18	6	No	75	795
Johnson City, 25,080—Washington Co.								
Appalachian Hospital◊■	Gen	Indep	50	28	6	Yes	123	1,171
Campbell's Eye, Ear, Nose and Throat Hospital	EENT	Indiv	10	2	..	No	...	1,000
Elizabeth Goss Hosp.■	Gen	Indiv	20	6	..	No	...	.....
Jones Eye, Ear, Nose and Throat Hospital	EENT	Indiv	17	9	..	No	...	.....
Kingsport, 11,914—Sullivan Co.								
Kingsport General Hosp.■	Gen	Part	16	4	4	No	42	1,784
Marsh Clinic and Hosp.■	Gen	Indiv	20	8	3	Yes	15	319
Knoxville, 105,802—Knox Co.								
Beverly Hills Sanatorium■	TB	Indep	170	153	..	No	...	164
Dr. H. E. Christenbery Eye, Ear, Nose and Throat Infirmary	EENT	Indiv	12	6	..	No	...	445

Key to symbols and abbreviations is on page 2078

TENNESSEE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Eastern State Hospital	N&M	State	1,200	1,275	..	No	...	366
Ft. Sanders Hospital	Gen	Indep	160	79	10	No	325	3,237
Knoxville Gen. Hosp.	Gen	City	291	140	20	Yes	374	4,888
St. Mary's Memorial Hosp.	Gen	Church	63	27	12	No	108	849
Lawrenceburg, 3,102—Lawrence Co.								
Lawrenceburg Rural Sanitarium and Hospital	Gen	Indep	20	8	2	No	...	.....
Lebanon, 4,656—Wilson Co.								
Lillard's Infirmary	Gen	Indiv	18	...	3	No	...	.....
McFarland Hospital	Gen	Indiv	10	7	..	No	6	435
Lewisburg, 3,412—Marshall Co.								
Wheat's Hospital	Gen	Indiv	30	8	1	No	...	225
Loudon, 2,578—Loudon Co.								
J. J. Harrison, Jr. Sanit.	Gen	Indiv	25	8	..	No	...	.....
Madison, 89—Davidson Co.								
Madison Rural Sanit.	Gen	Indep	84	53	6	No	6	608
Maryville, 4,658—Blount Co.								
Carson's Hospital	Gen	Indiv	20	9	..	No	...	350
McMinnville, 3,914—Warren Co.								
McMinnville Infirmary	Gen	Indiv	10	4	..	No	...	95
Memphis, 253,143—Shelby Co.								
Baptist Memorial Hosp.	Gen	Church	400	368	20	No	614	13,392
Collins Chapel Connectional Hospital (col.)	Gen	Indep	50	12	10	Yes	12	470
Crippled Children's Hospital School	Ortho	Indep	36	32	..	No	...	120
Gartly-Ramsay Hospital	Gen	Indep	42	22	8	No	102	1,000
Hosp. for Crippled Adults	Ortho	Indep	60	31	..	No	...	280
Jane Terrell Baptist Hospital (col.)	Gen	Church	25	10	..	Yes	...	.....
Lynnhurst Sanitarium	N&M	Indiv	20	7	..	No	...	29
Memphis Eye, Ear, Nose and Throat Hospital	EENT	Indep	65	13	..	Yes	...	2,203
Memphis Gen. Hosp.	Gen	City	353	353	47	Yes	923	8,271
Methodist Hospital	Gen	Church	160	122	30	No	710	4,762
St. Joseph's Hospital	Gen	Church	225	118	37	Yes	610	4,754
U. S. Marine Hospital	Gen	USPHS	65	64	..	Yes	...	537
Veterans Admin. Hospital	Gen	VetAd	360	285	..	Yes	...	3,716
Wallace Sanitarium	N&M	Part	50	26	..	No	...	434
Willis C. Campbell Clinic	Ortho	Part	50	35	..	Yes	...	853
Monterey, 1,731—Putnam Co.								
Officer Sanatorium	TB	Indiv	12	4	..	No	...	20
Morristown, 7,305—Hamblen Co.								
Morristown Gen. Hosp.	Gen	Indep	30	7	3	No	35	260
Murfreesboro, 7,295—Rutherford Co.								
Rutherford Hospital	Gen	Indep	42	19	8	Yes	61	862
Nashville, 153,866—Davidson Co.								
Barr Infirmary	Gen	Indiv	25	15	..	No	...	.....
Central State Hospital	N&M	State	1,500	1,395	..	No	...	380
City View Sanitarium	N&M	Indiv	60	38	..	No	...	.....
Davidson County Tuberculosis Hospital	TB	County	275	233	..	Yes	...	269
Geo. W. Hubbard Hospital (col.)	Gen	Indep	140	90	10	Yes	239	2,073
Millie E. Hale Hosp. (col.)	Gen	Indep	50	25	10	Yes	22	600
Nashville Gen. Hosp.	Gen	City	152	125	18	Yes	522	4,856
Protestant Hospital	Gen	Indep	125	62	16	No	168	2,476
St. Thomas Hospital	Gen	Church	200	115	25	No	524	4,915
Vanderbilt University Hospital	Gen	Indep	195	168	20	Yes	364	4,305
Newport, 2,980—Cocke Co.								
E. E. Northcutt Infirmary	Gen	Indiv	12	4	1	Yes	2	326
Oakville, 163—Shelby Co.								
Oakville Memorial Sanat.	TB	Cy&Co	250	247	..	No	...	410
Paris, 8,164—Henry Co.								
McSwain Clinic	Gen	Indiv	16	9	4	No	19	385
Wiggins Clinic	Gen	Indiv	15	5	4	Yes	25	250
Pleasant Hill, 165—Cumberland Co.								
"Uplands" Cumberland Mountain Sanatorium	Gen	Indep	16	9	3	Yes	10	71
Pressmen's Home, 160—Hawkins Co.								
International Printing Pressmen and Assistants' Union Sanatorium	TB	Indep	45	41	..	Yes	...	18
Pulaski, 3,367—Giles Co.								
Pulaski Hospital	Gen	Indiv	32	10	2	No	16	412
Ridgetop, 196—Robertson Co.								
Watauga Sanitarium	TB	Indep	40	24	..	No	...	56
Rockwood, 3,858—Roane Co.								
Chamberlain Mem. Hosp.	Gen	Indep	40	20	5	No	29	646
Rogersville, 1,360—Hawkins Co.								
Lyons Private Hospital	Gen	Indiv	10	4	..	No	8	104
Sewanee, 536—Franklin Co.								
Emerald-Hodgson Memorial Hospital	Gen	Church	50	16	12	Yes	85	749
Shelbyville, 5,010—Bedford Co.								
Bedford County Hospital	Gen	Indep	25	11	3	No	15	450
Sweetwater, 2,271—Monroe Co.								
Sweetwater Hospital	Gen	Indiv	18	4	4	No	6	210
Related Institutions								
Alcoa, 5,255—Blount Co.								
Mountain View Sanatorium	TB	Indep	19	15	..	No	...	27
Chattanooga, 119,798—Hamilton Co.								
William L. Bork Mem. Hosp.	N&M	County	104	95	..	No	...	97
Copperhill, 1,956—Polk Co.								
Tennessee Copper Company's Hospital	Indus	Indus	10	1	..	No	1	24
Donelson, 110—Davidson Co.								
Tennessee Home and Training School for Feebleminded Persons	MenDef	State	500	500	...	...	...	.....
Ducktown, 1,326—Polk Co.								
Kimsey-Guinn Hospital	Gen	Indiv	7	5	..	No	...	.....
Etowah, 4,269—McMinn Co.								
Etowah Hospital	Surg	Indiv	8	3	..	No	...	84

TENNESSEE—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Fayetteville, 3,822—Lincoln Co.								
Lincoln County Hospital	Gen	County	20	12	3	No	8	289
Fountain Head, 180—Sumner Co.								
Fountain Head Sanitarium and Hospital	Conv	Indep	25	10	..	Yes	...	125
Hermitage, 62—Davidson Co.								
Confederate Soldiers' Home	Inst	State	18	6	..	No	...	25
Johnson City, 25,080—Washington Co.								
Veterans Admin. Home	Inst	VetAd	666	603	..	No	...	2,561
Knoxville, 105,802—Knox Co.								
Reaves-Leach Infirmary	EENT	Part	6	...	..	Yes	...	.....
Tennessee School for Deaf	Inst	State	20	1	..	No	...	396
Univ. of Tennessee Infirm.	Inst	State	10	...	..	Yes	...	185
Maryville, 4,658—Blount Co.								
Burchfield's Eye, Ear and Throat Hospital	EENT	Indiv	6	1	..	Yes	...	246
Maryville College Hospital	Inst	Indep	12	...	..	...	...	160
Memphis, 253,143—Shelby Co.								
Ella Oliver Home	Mater	Indep	36	16	12	No	42	68
Shelby County Emergency and Pellagra Hospital	Iso	County	120	120	..	No	...	250
Shelby County Hospital	Inst	County	600	594	..	No	...	689
Nashville, 153,866—Davidson Co.								
Davidson County Hosp.	N&M	County	550	525	..	No	...	225
Davidson County Isolation Hospital	Iso	County	50	12	..	No	...	.....
Tennessee Industrial School	Inst	State	85	12	..	No	...	320
Tennessee State Prison Hospital	Inst	State	130	25	..	Yes	...	.....
Raleigh, 287—Shelby Co.								
Cherfield Farm Preventor	TB	Cy&Co	50	50	..	...	...	50
Hayes Sanatorium	N&M	Indiv	30	10	..	No	...	40
Richard City, 522—Marion Co.								
Dixie Hospital	Gen	Indiv	8	3	2	No	...	.....

Summary for Tennessee:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	84	9,847	7,727	95,822
Related institutions	25	3,090	2,619	6,061
Totals	109	12,937	10,346	101,883
Refused registration	9	149		

TEXAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Abilene, 23,175—Taylor Co.								
Abilene State Hospital	Epil	State	1,000	960	..	No	...	172
West Texas Baptist Sanitarium	Gen	Church	67	35	8	No	159	1,851
Alice, 4,239—Jim Wells Co.								
Alice Hospital	Gen	Part	12	New	2	Yes	1	6
Amarillo, 43,132—Potter Co.								
Northwest Texas Hosp.	Gen	County	75	53	10	No	242	1,856
St. Anthony's Hospital	Gen	Church	100	45	15	No	170	1,805
Archer City, 1,512—Archer Co.								
Archer Hospital	Gen	Indiv	14	7	4	No	20	300
Austin, 53,120—Travis Co.								
Austin City Hospital	Gen	City	149	43	16	Yes	274	1,616
Austin State Hospital	N&M	State	1,750	1,995	..	No	...	234
St. David's Hospital	Gen	Church	65	35	11	No	170	1,010
Seton Infirmary	Gen	Church	88	46	12	No	132	1,707
Ballinger, 4,187—Runnels Co.								
Hailey and Love Sanit.	Gen	Part	20	7	5	Yes	40	.....
Bastrop, 1,655—Bastrop Co.								
F. A. Orgain Mem. Hosp.	Gen	Indep	30	8	10	No	...	.....
Bay City, 4,070—Matagorda Co.								
Dr. Loos' Hospital	Gen	Indiv	15	5	4	No	31	357
Beaumont, 57,732—Jefferson Co.								
Beaumont General Hosp.	Gen	Indep	60	24	10	No	113	1,326
Hotel Dieu Hospital	Gen	Church	175	90	14	No	351	3,082
Jefferson Co. Tuber. Hosp.	TB	County	70	57	..	No	...	95
Jefferson County Tuberculosis Hospital (col.)	TB	County	20	16	..	No	...	47
Belton, 3,779—Bell Co.								
Belton General Hospital	Gen	Part	14	6	2	No	50	500
Big Spring, 13,735—Howard Co.								
Big Spring Hospital	Gen	Indep	35	11	6	No	105	1,061
Bivings and Barcus Hosp.	Gen	Part	19	6	6	No	41	339
Bonham, 5,655—Fannin Co.								
S. B. Allen Mem. Hosp.	Gen	Indep	30	9	4	No	30	438
Borger, 6,532—Hutchinson Co.								
Clutter and Draper Hosp.	Gen	Part	15	4	4	No	45	.....
Hutchinson County Hosp.	Gen	County	29	17	4	No	96	698
Bowie, 3,131—Montague Co.								
Bowie Clinic Hospital	Gen	Indep	20	7	5	No	15	281
Brackettville, 1,822—Kinney Co.								
Station Hospital	Gen	Army	25	12	2	Yes	11	309
Brady, 3,983—McCulloch Co.								
Brady Sanitarium	Gen	Part	50	16	5	No	84	701
Breckenridge, 7,569—Stephens Co.								
West Side Hospital	Gen	Indep	25	8	4	No	...	1,112
Brenham, 5,974—Washington Co.								
Brenham Hospital	Gen	Church	26	6	4	Yes	21	336
Sarah B. Milroy Memorial Hospital	Gen	Indep	25	New	3	No	...	.....
Brownsville, 22,021—Cameron Co.								
Mercy Hospital	Gen	Church	50	20	6	No	20	650
Station Hospital	Gen	Army	50	5	..	Yes	...	326

Key to symbols and abbreviations is on page 2078

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Brownwood, 12,789—Brown Co.								
Bellevue Hospital■	Gen	Indiv	12	5	2	No	6	100
Central Texas Hospital◊	Gen	Indiv	35	15	2	No	46	735
Medical Arts Hospital■	Gen	Indep	36	9	4	No	28	609
Bryan, 7,814—Brazos Co.								
Wilkerson Memorial Clinic	Gen	Indiv	10	5	2	Yes	8	80
Cameron, 4,565—Milam Co.								
Cameron Hospital◊■	Gen	Part	35	23	4	No	60	815
Canadian, 2,068—Hemphill Co.								
Canadian Hospital	Gen	Indiv	12	4	2	No	16	190
Center, 2,510—Shelby Co.								
Center Sanitarium■	Gen	Indiv	12	2	1	No	4	100
Warren Hospital	Gen	Part	12	3	1	No	10	125
Childress, 7,163—Childress Co.								
Jeter-Townsend Hospital	Gen	Part	28	5	2	No	...	.....
Cisco, 6,027—Eastland Co.								
Graham Sanitarium	Gen	Indiv	26	8	4	No	30	2,920
Cleburne, 11,539—Johnson Co.								
Cleburne Sanitarium■	Gen	Indiv	20	10	5	No	...	.....
Coleman, 6,078—Coleman Co.								
Overall Memorial Hospital	Gen	Cy&Co	30	15	2	No	75	589
Colorado, 4,671—Mitchell Co.								
C. L. Root Hospital■	Gen	Indiv	20	6	3	No	25	300
Conroe, 2,457—Montgomery Co.								
Mary Swain Sanitarium■	Gen	Indiv	18	6	4	No	14	400
Corpus Christi, 27,741—Nueces Co.								
Fred Roberts Memorial Hosp.◊■	Gen	Indep	55	19	10	No	60	821
Medical-Professional Hosp.	Gen	Indep	33	6	5	...	15	650
Spohn Hospital◊■	Gen	Church	56	40	12	No	124	1,425
Corsicana, 15,202—Navarro Co.								
Corsicana Hosp. & Clinic■	Gen	Indep	20	3	2	No	8	126
Navarro Clinic	Gen	Indep	16	11	4	No	36	418
Physicians and Surgeons Hospital◊	Gen	County	60	15	6	No	65	848
Cuero, 4,672—DeWitt Co.								
Burns Hospital■	Gen	Indep	35	15	1	No	17	446
Lutheran Hospital■	Gen	Church	35	10	2	Yes	14	387
Dallas, 260,475—Dallas Co.								
Baylor Hospital●■◊	Gen	Church	300	250	34	Yes	1,100	11,985
Bradford Memorial Hospital for Babies◎	Chil	Indep	60	29	5	Yes	...	534
Carrell-Driver-Girard Clinic and Dallas Ortho. Hosp.	Ortho	Indep	25	15	..	No	...	.....
Dallas Medical and Surgical Clinic Hospital	Gen	Part	27	18	..	No	...	922
Dallas Methodist Hosp.◊	Gen	Church	82	51	18	Yes	405	2,154
Jones Eye, Ear, Nose and Throat Hosp. and Clinic	EENT	Part	11	3	..	No	...	526
McMillan Sanit. (col.)	Gen	Indiv	16	3	1	No	12	150
Parkland Hospital●●◊■	Gen	Cy&Co	264	214	34	Yes	991	6,101
Pinkston Clinic (col.)	Gen	Indiv	15	7	2	No	15	266
Rushing Clinic and Sanit.	Gen	Indiv	25	18	2	Yes	22	550
St. Paul's Hospital●◊■	Gen	Church	271	170	29	Yes	620	5,920
Texas Scottish Rite Hosp. for Crippled Children✦	Ortho	Frat	58	54	..	Yes	...	580
Timberlawn Sanitarium	N&M	Indep	40	19	..	No	...	170
Woodlawn Sanatorium	TB	Cy&Co	120	115	..	No	...	285
Denison, 13,850—Grayson Co.								
Denison City Hospital■	Gen	Indep	20	11	3	No	30	396
Mercy Hospital (col.)◊	Gen	Frat	25	9	3	No	18	227
M. K. & T. Railroad Employees Hospital■	Indus	Indus	60	43	..	Yes	...	869
Denton, 9,587—Denton Co.								
Denton Hosp. and Clinic	Gen	Part	32	8	10	No	47	312
Eagle Pass, 5,059—Maverick Co.								
Gates' Hospital	Gen	Indiv	12	5	1	No	...	.....
Edinburg, 4,821—Hidalgo Co.								
Ponton-Brown Clinic Hospital■	Gen	Part	100	6	10	No	14	247
Electra, 6,712—Wichita Co.								
Parmley-Ogden Hospital■	Gen	Part	23	4	4	No	22	251
El Paso, 102,421—El Paso Co.								
El Paso City-County Hospital■	Gen	Cy&Co	100	97	8	Yes	180	2,242
El Paso Masonic Hosp.◊■	Gen	Frat	46	40	16	Yes	328	1,635
Hendricks-Laws Sanat.	TB	Part	88	30	..	No	...	56
Homan Sanatorium✦	TB	Part	110	70	..	Yes	...	46
Hotel Dieu, Sisters Hosp.◊■	Gen	Church	100	64	23	No	218	2,150
Long Sanatorium	TB	Indiv	40	20	..	No	...	.....
Price Sanatorium	TB	Indiv	20	10	..	No	...	.....
Providence Hospital■	Gen	Indiv	50	26	6	No	60	950
St. Joseph's Sanatorium	TB	Church	75	50	..	No	...	73
Southern Baptist Sanat.	TB	Church	80	45	..	No	...	117
William Beaumont General Hospital●■▲	Gen	Army	512	332	7	Yes	41	3,998
Ennis, 7,069—Ellis Co.								
Municipal Hospital■	Gen	City	15	6	4	No	23	222
Floresville, 1,581—Wilson Co.								
Oxford-Archer Hospital	Gen	Part	12	4	1	No	6	320
Floydada, 2,637—Floyd Co.								
Drs. Smith & Smith Sanitarium■	Gen	Part	12	3	..	Yes	...	.....
Forney, 1,216—Kaufman Co.								
Forney Sanitarium■	Gen	Indep	20	4	4	Yes	9	150
Ft. Worth, 163,477—Tarrant Co.								
All Saints Episcopal Hosp.◊	Gen	Church	75	33	15	No	260	1,398
Arlington Heights Sanit.	N&M	Indep	40	25	..	No	...	81
Baptist Hospital	Gen	Church	60	30	11	No	...	.....
City and County Hosp.●◊■	Gen	Cy&Co	119	107	15	Yes	365	2,456
W. I. Cook Mem. Hosp.	Gen	Indep	34	30	6	No	78	923
Ft. Worth Children's Hospital◎	Chil	Indep	35	22	..	No	...	360
Harris' Clinic-Hospital●◊■	Gen	Indiv	90	53	16	Yes	58	.....
Harrison Clinic & Hosp.■	Gen	Indiv	40	29	7	Yes	64	822
St. Joseph's Hospital●◊■	Gen	Church	165	82	16	No	243	3,123

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Freeport, 3,162—Brazoria Co.								
Freeport Hospital■	Gen	Indus	18	6	4	Yes	60	2,000
Gainesville, 8,915—Cooke Co.								
Gainesville Sanitarium◊	Gen	Indep	25	15	6	No	...	.....
Galveston, 52,938—Galveston Co.								
Galveston State Psychopathic Hospital	N&M	State	48	New	..	No	...	12
John Sealy Hospital●◊■	Gen	City	350	289	24	Yes	444	5,675
St. Mary's Infirmary●◊■	Gen	Church	150	126	15	No	270	2,070
Station Hospital■	Gen	Army	25	14	..	Yes	...	442
U. S. Marine Hospital●■	Gen	USPHS	100	New	..	Yes	...	.....
Georgetown, 3,583—Williamson Co.								
Martin Hospital	Gen	Part	18	6	4	No	...	.....
Gilmer, 1,963—Upshur Co.								
Elmwood Sanitarium■	Gen	Indiv	15	4	2	No	20	73
Oaklawn Sanitarium■	Gen	Indiv	15	3	3	No	30	170
Gonzales, 3,859—Gonzales Co.								
Holmes Hospital■	Gen	Indep	25	10	5	No	25	310
Gorman, 1,134—Eastland Co.								
Blackwell Sanitarium	Gen	Part	22	10	2	No	42	.....
Graham, 4,981—Young Co.								
Graham Hospital	Gen	Indep	17	9	2	No	78	503
Greenville, 12,407—Hunt Co.								
Dr. E. P. Becton's Hosp.	Surg	Indiv	16	6	..	No	...	200
Cantrell Hospital	Gen	Indiv	25	10	4	No	...	.....
Dr. Joe Becton's Hospital	Surg	Indiv	17	3	..	No	...	89
Groesbeck, 3,059—Limestone Co.								
Dr. Cox's Hospital	Gen	Indiv	12	3	3	No	10	800
Gulf, 725—Matagorda Co.								
Texas Gulf Sulphur Company Hospital	Gen	Indus	14	3	1	No	30	206
Hallettsville, 1,406—Lavaca Co.								
Renger Hospital■	Gen	Indiv	15	8	3	Yes	18	116
Hamilton, 2,084—Hamilton Co.								
Hamilton Sanitarium◊	Gen	Part	45	20	6	No	30	488
Harlingen, 12,124—Cameron Co.								
Valley Baptist Hospital■	Gen	Church	34	19	5	No	148	856
Henderson, 2,932—Rusk Co.								
Henderson Hospital	Gen	Indep	30	16	4	No	65	500
Hereford, 2,458—Deaf Smith Co.								
Deaf Smith County Hosp.	Gen	County	13	4	4	No	29	229
Hillsboro, 7,823—Hill Co.								
Boyd Sanitarium	Gen	Indiv	25	9	2	No	...	.....
Houston, 292,352—Harris Co.								
Autry Memorial Hosp. (Children's Dept. of the Houston Tuber. Hosp.)								
Dr. Greenwood's Sanit.	N&M	Indep	35	27	..	No	...	105
Heights Clinic	Gen	Indep	28	9	5	Yes	182	349
Hermann Hospital●◊■	Gen	Indep	176	131	20	Yes	382	3,320
Houston Eye, Ear, Nose and Throat Hospital	EENT	Indep	25	8	..	No	...	1,603
Houston Negro Hospital◊	Gen	Indep	50	19	3	No	20	678
Houston Tuber. Hospital■	TB	Cy&Co	176	148	..	No	...	352
Jefferson Davis Hosp.●◊■▲	Gen	Cy&Co	165	160	20	Yes	605	4,558
Memorial Hospital◊	Gen	Church	170	129	21	No	1,141	8,005
Methodist Hospital◊	Gen	Church	88	63	12	No	300	2,664
Park View Hospital	Gen	Indep	23	9	2	Yes	48	250
St. Joseph's Infirmary●◊	Gen	Church	297	140	18	No	861	5,674
Southern Pacific Hosp.■	Indus	Indus	135	80	..	Yes	...	1,841
Turner Urological Institute	Urol	Indiv	18	10	..	Yes	...	482
Jacksonville, 6,748—Cherokee Co.								
San Jacinto Sanitarium■	Gen	Indep	38	21	5	No	39	999
Jasper, 3,393—Jasper Co.								
Hardy-Hancock Hospital	Gen	Part	18	10	..	Yes	...	.....
Jasper General Hospital	Gen	Indiv	31	4	2	No	...	.....
Kelly Field,—Bexar Co.								
Station Hospital	Gen	Army	50	18	..	Yes	...	695
Kerrville, 4,546—Kerr Co.								
Kerrville Clinic and Secor Hospital	Gen	Indiv	25	8	3	No	12	260
Thompson Sanatorium	TB	Indiv	86	50	..	No	...	142
Kingsville, 6,815—Kleberg Co.								
Kleberg County Hospital■	Gen	County	50	16	6	No	57	609
Knox City, 996—Knox Co.								
Knox County Hospital	Gen	County	15	9	6	No	...	.....
Lagrange, 2,354—Fayette Co.								
Lagrange Hospital■	Gen	Indep	45	19	5	No	25	495
Lamesa, 3,528—Dawson Co.								
Lamesa Sanitarium	Gen	Part	15	...	4	No	20	160
Loveless & Bennett Hosp.■	Gen	Part	14	3	2	No	11	241
Laredo, 32,618—Webb Co.								
Mercy Hospital◊■	Gen	Church	85	21	6	No	58	951
Station Hospital	Gen	Army	23	8	1	Yes	1	258
Legion, 819—Kerr Co.								
Veterans Admin. Hospital	TB	VetAd	433	360	..	No	...	776
Livingston, 1,165—Polk Co.								
Bergman Hospital	Gen	Indiv	16	6	3	No	10	217
Lockhart, 4,367—Caldwell Co.								
Lockhart Sanitarium■	Gen	Indep	18	7	1	No	14	287
Longview, 5,036—Gregg Co.								
Hurst Eye, Ear, Nose and Throat Hospital	EENT	Indiv	14	4	..	No	...	400
Markham Sanitarium	Gen	Indiv	40	...	4	No	...	.....
Lubbock, 20,520—Lubbock Co.								
Lubbock Sanitarium◊■	Gen	Indep	85	66	15	No	128	3,062
West Texas Hospital◊■	Gen	Indep	60	29	5	No	62	2,170
Lufkin, 7,311—Angelina Co.								
Angelina County Hosp.◊■	Gen	County	35	22	4	No	62	780
Luling, 5,970—Caldwell Co.								
Luling Hospital■	Gen	Indiv	14	5	4	No	36	463
Marfa, 3,909—Presidio Co.								
Station Hospital	Gen	Army	54	12	..	Yes	...	300
Marlin, 5,338—Falls Co.								
Bule-Allen Hospital	Gen	Indiv	20	12	2	No	20	.....
Shaw Clinic and Hospital	Gen	Indiv	10	3	2	Yes	13	140
Torbett Sanatorium	Gen	Indep	42	20	4	Yes	31	650

Key to symbols and abbreviations is on page 2078

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Marshall, 16,203—Harrison Co.								
Kahn Memorial Hospital■	Gen	Indep	28	10	7	No	30	416
McKamey, 5,446—Upton Co.								
Humble Hospital	Gen	Indus	11	5	1	Yes	...	.....
McKinney, 7,307—Collin Co.								
Burton Eye, Ear, Nose and Throat Sanitarium	EENT	Indiv	12	5	..	No	...	218
McKinney City Hospital◊■	Gen	City	36	14	4	Yes	42	460
Memphis, 4,257—Hall Co.								
Memphis Hospital	Gen	Indiv	15	4	1	No	9	168
Mercedes, 6,098—Hidalgo Co.								
Mercedes General Hosp.■	Gen	Frat	22	13	4	No	36	504
Mexia, 6,579—Limestone Co.								
Brown Hospital■	Gen	Indiv	20	7	3	No	30	349
Midland, 5,484—Midland Co.								
Midland Clinic Hospital■	Gen	Indiv	13	7	1	No	12	254
Mineral Wells, 5,986—Palo Pinto Co.								
Nazareth Hospital■	Gen	Church	40	10	4	No	10	191
Nacogdoches, 5,687—Nacogdoches Co.								
City Memorial Hospital■	Gen	City	25	6	2	No	12	400
Navasota, 5,128—Grimes Co.								
Brazos Valley Sanitarium■	Gen	Indiv	20	6	4	No	18	200
New Braunfels, 6,242—Comal Co.								
Comal Sanitarium	Gen	Indiv	35	6	..	No	...	.....
New Braunfels Hospital■	Gen	City	14	8	3	No	4	.....
Olney, 4,138—Young Co.								
Hamilton Hospital■	Gen	Indiv	20	8	..	No	43	800
Orange, 7,913—Orange Co.								
Frances Ann Luther Hosp.◊	Gen	Indep	60	32	7	Yes	...	.....
Paducah, 2,802—Cottle Co.								
W. Q. Richards Mem. Hosp.	Gen	City	40	10	10	No	...	.....
Palestine, 11,445—Anderson Co.								
International and Great Northern Railroad Employees Hospital■	Gen	Indus	73	22	2	Yes	10	610
Palestine Sanitarium	Gen	Indep	12	5	..	No	...	270
Spegele-DuPuy Hosp. and Clinic■	Gen	Indep	15	5	..	No	...	.....
Pampa, 10,470—Gray Co.								
Worley Hospital■	Gen	Indiv	32	18	6	Yes	64	753
Paris, 15,649—Lamar Co.								
Lamar County Hospital■	Gen	County	50	19	9	No	30	489
St. Joseph's Infirmary◊	Gen	Church	50	20	6	No	29	706
Sanitarium of Paris◊	Gen	Indep	62	40	4	No	37	1,331
Pecos, 5,304—Reeves Co.								
Camp and Camp Hosp.■	Gen	Part	20	5	4	No	32	309
Perryton, 2,824—Ochiltree Co.								
Plaza Hospital	Gen	Part	25	5	2	No	20	252
Plainview, 8,834—Hale Co.								
Plainview Sanitarium and Clinic◊■	Gen	Indiv	48	20	5	No	58	1,261
Pt. Arthur, 50,902—Jefferson Co.								
St. Mary's Hospital, Gates Memorial■	Gen	Church	150	73	12	No	165	5,657
Prairie View,—Waller Co.								
Prairie View Hospital◊■	Gen	State	50	20	6	Yes	23	547
Quanah, 4,464—Hardeman Co.								
Quanah Hospital	Gen	Part	40	20	6	No	37	806
Ranger, 6,208—Eastland Co.								
City-County Hospital■	Gen	Cy&Co	30	10	3	No	...	400
West Texas Clinic Hosp.	Gen	Indep	18	14	2	No	24	367
Riogrande, 2,283—Starr Co.								
Station Hospital■	Gen	Army	30	7	..	Yes	5	366
Rosenberg, 1,941—Ft. Bend Co.								
Rosenberg Hospital	Gen	Indiv	14	1	1	No	12	524
Rusk, 3,830—Cherokee Co.								
Rusk State Hospital	N&M	State	2,000	1,479	..	No	...	450
San Angelo, 25,308—Tom Green Co.								
The Bungalows	TB	Indiv	28	15	..	No	...	.....
Rush, Schulkey and Wall Clinic Hospital■	Gen	Part	25	15	4	Yes	60	800
St. John's Hospital◊■	Gen	Church	32	18	6	No	75	515
San Angelo Hospital◊■	Gen	Church	50	31	9	No	83	884
San Antonio, 231,542—Bexar Co.								
Baylor Hospital	Gen	Indep	65	40	16	No	124	1,669
Eye, Ear, Nose and Throat Hospital	EENT	Indep	35	10	..	Yes	...	.....
Dr. Farmer's Sanatorium	TB	Indiv	20	10	..	No	...	40
Grace Lutheran Sanat.	TB	Church	50	35	..	No	...	102
Dr. Kenney's Sanatorium■	Gen	Indiv	70	25	12	Yes	52	1,101
Lee Surgical Hospital	Gen	Indep	30	14	10	No	80	645
Medical & Surg. Hosp.◊■	Gen	Indep	115	43	16	No	230	2,375
Medical Arts Hospital	Gen	Indep	34	19	4	No	42	1,873
Dr. Moody's Sanitarium	N&M	Indep	50	30	..	No	...	166
Nix Hospital	Gen	Indep	160	32	24	No	...	1,578
P. and S. Hospital◊	Gen	Indep	75	43	12	No	188	2,076
Robert B. Green Memorial Hospital◊■	Gen	Cy&Co	210	174	25	Yes	658	5,793
San Antonio State Hospital◆◊	N&M	State	2,220	2,213	..	No	...	495
Santa Rosa Hospital◊■	Gen	Church	342	129	44	Yes	580	6,179
Station Hospital	Gen	Army	40	18	..	Yes	...	808
Station Hospital■	Gen	Army	750	588	17	Yes	263	6,544
Woodmen of the World War Memorial Hospital	TB	Frat	180	183	..	No	...	289
Sanatorium, 463—Tom Green Co.								
State Tuberculosis Sanat.	TB	State	602	602	..	No	...	1,317
San Marcos, 5,134—Hays Co.								
Soldiers' and Sailors' Memorial Hospital■	Gen	Cy&Co	20	3	4	No	20	175
Santa Anna, 1,883—Coleman Co.								
Sealy Hospital◊	Gen	Indiv	30	17	3	Yes	61	825
Sealy, 1,640—Austin Co.								
Sealy Hospital	Gen	Indiv	12	3	1	No	15	201
Seguin, 5,225—Guadalupe Co.								
Sequin Hospital■	Gen	Indep	22	8	3	No	30	366

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Seymour, 2,626—Baylor Co.								
Baylor County Hospital■	Gen	County	15	3	1	No	31	139
Shamrock, 3,785—Wheeler Co.								
Dr. Beach Sanitarium	Gen	Indiv	20	8	4	No	24	198
Shamrock General Hospital	Gen	Indiv	40	10	5	No	42	397
Sherman, 15,713—Grayson Co.								
St. Vincent's Sanitarium◊■	Gen	Church	75	26	6	No	43	808
Wilson N. Jones Hosp.◊■	Gen	Indep	66	36	6	No	46	1,265
Shiner, 1,372—Lavaca Co.								
Dr. Wagner's Hospital■	Gen	Indiv	18	8	1	No	8	216
Silsbee, 3,060—Hardin Co.								
Kirby Hospital	Indus	Indep	22	6	..	Yes	...	267
Slaton, 3,876—Lubbock Co.								
Mercy Hospital■	Gen	Church	50	9	6	No	11	347
Spur, 1,886—Dickens Co.								
Nichols Sanitarium	Gen	Indiv	20	4	4	No	10	170
Stamford, 4,055—Jones Co.								
Stamford Sanitarium◊■	Gen	Indep	40	26	5	Yes	89	793
Stephenville, 3,944—Erath Co.								
Stephenville Hospital	Gen	Indiv	28	14	1	No	22	527
Sugar Land, 2,019—Ft. Bend Co.								
Laura Eldridge Memorial Hospital	Gen	Indep	30	3	2	No	...	.....
Sweetwater, 10,848—Nolan Co.								
Sweetwater Clinic Hosp.	Gen	Part	16	2	6	No	11	113
Taylor, 7,463—Williamson Co.								
Doak and Stromberg Clinic and Hospital	Gen	Indiv	25	19	..	..	20	.....
Taylor Sanitarium◊■	Gen	Indep	25	10	3	No	29	376
Teague, 3,509—Freestone Co.								
Davidson Sanitarium■	Gen	Indiv	25	12	3	No	17	437
Temple, 15,345—Bell Co.								
Gulf, Colorado and Santa Fe Hospital (Affil.)◆■	Indus	Indus	150	43	..	Yes	...	1,332
King's Daughters Clinic and Hospital◊	Gen	Indep	107	52	8	Yes	51	2,530
Scott and White Hosp.◊	Gen	Indep	182	111	8	Yes	95	3,337
Woodson Eye, Ear, Nose and Throat Hospital	EENT	Part	13	8	..	..	...	1,165
Terrell, 8,795—Kaufman Co.								
Alexander-Holton Hosp.■	Gen	Part	30	6	3	No	8	528
Terrell State Hospital	N&M	State	2,000	2,005	..	No	...	404
Texarkana, 16,602—Bowie Co.								
Texarkana Hospital◊■	Gen	Indep	50	20	5	No	60	1,052
Tyler, 17,113—Smith Co.								
Tyler General Hospital	Gen	Indep	15	11	..	No	47	362
Vernon, 9,137—Wilbarger Co.								
King Hospital and Maternity Home■	Gen	Indiv	25	11	4	No	50	400
Moore Brothers' Hospital■	Gen	Part	20	9	4	Yes	36	320
Victoria, 7,421—Victoria Co.								
Victoria Hospital■	Gen	Indep	18	8	6	No	44	436
Von Ormy, 213—Bexar Co.								
Von Ormy Cottage Sanit.	TB	Indep	50	27	..	No	...	74
Waco, 52,848—McLennan Co.								
Central Texas Baptist Sanitarium◊■	Gen	Church	90	41	10	No	101	1,371
Colgin Hosp. and Clinic■	Gen	Indep	40	14	3	No	37	660
Providence Sanitarium◊	Gen	Church	141	80	9	Yes	222	2,767
Veterans Admin. Hospital	N&M	VetAd	308	New	..	No	...	.....
Waxahachie, 8,042—Ellis Co.								
Waxahachie Sanitarium	Gen	Indep	32	12	4	No	49	533
Wellington, 3,576—Collingsworth Co.								
Wellington Hospital	Gen	Indiv	15	8	2	No	...	360
Wharton, 2,691—Wharton Co.								
Caney Valley Hospital	Gen	Indiv	25	7	..	No	...	.....
Whittenburg,—Hutchinson Co.								
Pantex Hospital	Gen	Indus	12	3	4	Yes	26	1,060
Wichita Falls, 43,690—Wichita Co.								
Hargrave-Walker Hospital and Clinic	Gen	Indep	36	4	8	No	24	266
Wichita Falls Clinic-Hosp.	Gen	Part	72	39	8	Yes	120	1,721
Wichita Falls State Hosp.✦	N&M	State	1,825	1,605	..	No	...	832
Wichita General Hosp.◊■	Gen	Cy&Co	120	46	12	Yes	206	1,905
Wink, 3,963—Winkler Co.								
General Hospital	Gen	Indiv	22	14	3	..	...	.....
Yoakum, 5,656—Lavaca Co.								
Huth Memorial Hospital■	Gen	City	35	7	7	No	75	430
Yorktown, 1,882—De Witt Co.								
Allen Hospital■	Gen	Indiv	12	9	3	No	5	.....

Related Institutions

Arlington, 3,661—Tarrant Co.								
Knights Templar Hospital	Inst	Frat	25	15	..	No	...	78
Austin, 53,120—Travis Co.								
Austin State School	MenDef	State	1,040	1,025	..	No	...	.....
Oaks Sanitarium	N&M	Indep	25	17	..	No	...	60
Texas Confederate Home Hospital	Inst	State	145	70	..	No	...	.....
Texas Confederate Woman's Home	Inst	State	107	105	..	No	...	.....
Texas School for Blind	Inst	State	36	7	..	Yes	...	.....
Texas School for Deaf	Inst	State	41	6	..	No	...	.....
Bellville, 1,533—Austin Co.								
Bellville Hospital	Gen	Part	8	2	2	No	5	178
College Station, 40—Brazos Co.								
Agricultural and Mechanical College Hospital	Inst	Indep	80	10	..	Yes	...	724
Comfort, 713—Kendall Co.								
Hillcrest Sanitarium and Private Hospital	Gen	Indiv	6	1	..	No	...	.....
Crowell, 1,946—Foard Co.								
Foard County Hospital	Gen	Indep	10	2	..	No	4	.....
Crystal City, 6,609—Zavala Co.								
Crystal Hospital	Gen	Indiv	8	4	2	No	...	85

Key to symbols and abbreviations is on page 2078

TEXAS—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Dallas, 260,475—Dallas Co.								
"The Cedars" Maternity Sanitarium and Home	Mater	Indiv	20	7	3	No	40	.....
Southern Conv. Sanit	Conv	Indiv	30	20	..	No	...	.....
Union Hospital	Iso	Cy&Co	50	2	..	No	...	37
Virginia K. Johnson Home	Mater	Church	10	2	10	No	31	60
El Paso, 102,421—El Paso Co.								
El Paso Smelter Hospital	Indus	Indus	12	1	..	No	...	16
Fairfurrias, 1,825—Brooks Co.								
Fairfurrias Hospital	Gen	Indiv	20	8	..	...	...	.....
Ft. Worth, 163,477—Tarrant Co.								
Howard Sanitarium	Conv	Indiv	8	6	..	...	...	50
Masonic Home and School Hospital	Inst	Frat	40	8	..	No	...	.....
Tarrant County Home for the Aged	Inst	County	27	25	..	No	...	.....
Fredericksburg, 2,416—Gillespie Co.								
Fredericksburg Sanitarium	Gen	Part	8	1	..	...	...	.....
Gatesville, 2,601—Coryell Co.								
State Juvenile Training School■	Inst	State	40	20	..	No	...	900
Greenville, 12,407—Hunt Co.								
Dr. A. S. McBride's Hosp.	N&M	Indiv	20	4	..	No	...	.....
Hallettsville, 1,406—Lavaca Co.								
Hallettsville Hospital	Gen	Indiv	8	5	1	No	5	50
Huntsville, 5,028—Walker Co.								
Texas State Hosp.■	Inst	State	60	40	..	Yes	...	510
Hutchins, 368—Dallas Co.								
Dallas County Farm	Conv	Cy&Co	217	161	..	No	...	85
Iraan,—Pecos Co.								
Iraan Hospital	Gen	Indiv	10	2	2	No	25	144
Mason, 1,150—Mason Co.								
Mason Sanitarium	Gen	Part	8	2	..	No	4	100
Midland, 5,484—Midland Co.								
Midwest Hospital-Clinic■	Gen	Indiv	8	3	1	No	12	60
Mineral Wells, 5,986—Palo Pinto Co.								
City Hospital	Gen	Part	8	3	3	...	13	312
Myra, 417—Cooke Co.								
Mercy Hospital	Gen	Indiv	6	2	4	No	14	100
Nixon, 1,037—Gonzales Co.								
Crest View Hospital■	Gen	Indiv	8	2	2	No	12	125
Pearsall, 2,536—Frio Co.								
Dr. Beall's Day Hospital	Gen	Indiv	8	3	2	No	24	75
Pecos, 5,304—Reeves Co.								
Pecos Sanitarium■	Gen	Part	12	3	4	No	18	36
Poteet, 1,231—Atascosa Co.								
Community Hospital■	Gen	Indiv	7	1	1	No	9	95
San Antonio, 231,542—Bexar Co.								
Salvation Army Women's Home and Hospital	Mater	Church	10	3	15	No	63	115
Southton, 89—Bexar Co.								
Bexar County Home for Aged and Tuber. Colony	Inst,TB	County	70	65	..	No	...	.....
Strawn, 1,429—Palo Pinto Co.								
Strawn Hospital■	Gen	Part	12	3	2	No	25	95
Taylor, 7,463—Williamson Co.								
Dr. Ploeckinger's Sanit	Gen	Indiv	7	2	2	No	12	67
Wichita Falls, 43,690—Wichita Co.								
Dr. White's Sanitarium	N&M	Indep	20	7	..	No	...	70
Winters, 2,423—Runnels Co.								
Winters Sanitarium	Gen	Part	8	3	3	No	5	114

Summary for Texas:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	263	26,338	18,982	224,836
Related institutions	42	2,263	1,633	4,261
Totals	305	28,601	20,615	229,097
Refused registration	21	559		

UTAH

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Bingham Canyon, 3,248—Salt Lake Co.								
Bingham Canyon Hospital	Gen	Indep	40	22	5	No	34	562
Brigham, 5,003—Box Elder Co.								
Cooley Hospital■	Gen	Indiv	10	3	4	Yes	49	1,215
Cedar City, 3,615—Iron Co.								
Iron County Hospital	Gen	County	20	10	6	No	111	612
Ft. Douglas,—Salt Lake Co.								
Station Hospital■	Gen	Army	30	14	..	Yes	...	297
Ft. Duchesne, 100—Uintah Co.								
Uintah and Ouray Agency Indian Hospital	Gen	Indian	16	6	..	Yes	22	122
Heber, 2,477—Wasatch Co.								
Heber Hospital	Gen	Part	14	2	6	No	28	48
Lehi, 2,826—Utah Co.								
Lehi Hospital	Gen	Indiv	15	5	..	No	...	.....
Logan, 9,979—Cache Co.								
Cache Valley General Hosp.	Gen	Indep	24	10	..	No	63	500
Wm. Budge Mem. Hosp.◊	Gen	Indep	57	37	10	Yes	140	1,643
Milford, 1,517—Beaver Co.								
Milford Hospital	Gen	Indiv	12	6	5	No	54	154
Moab, 853—Grand Co.								
Grand County Public Hosp.	Gen	County	10	5	2	No	...	.....
Ogden, 40,272—Weber Co.								
Thomas D. Dee Memorial Hospital◊■	Gen	Church	155	91	30	Yes	853	3,830
Park City, 4,281—Summit Co.								
Park City Miners' Hosp.■	Gen	Indus	50	16	10	No	80	600

UTAH—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Price, 4,084—Carbon Co.								
Price City Hosp.tal	Gen	City	25	16	..	Yes	...	768
Provo, 14,766—Utah Co.								
Aird Hospital	Gen	Indiv	16	...	..	No	...	.....
Utah State Hospital	N&M	State	677	880	..	No	...	426
St. George, 2,434—Washington Co.								
Washington County Hosp.	Gen	Indep	17	5	4	No	38	197
Salina, 1,383—Sevier Co.								
Salina Hospital	Gen	Part	20	6	..	No	43	264
Salt Lake City, 140,267—Salt Lake Co.								
Dr. W. H. Groves Latter-Day Saints' Hospital◊■	Gen	Church	396	207	32	No	1,091	5,877
Holy Cross Hospital◊■	Gen	Church	227	126	45	No	861	3,797
Latter-Day Saints Children's Hospital	Ortho	Church	40	30	..	No	...	.....
St. Mark's Hospital◊■	Gen	Church	137	100	13	Yes	193	2,523
Salt Lake General Hosp.◊■	Gen	County	184	162	16	Yes	344	2,690
Shriners' Hospital for Crippled Children	(Uses Wards in St. Mark's Hospital)							
Spanish Fork, 3,727—Utah Co.								
Hughes Memorial Hospital	Gen	Indiv	12	4	3	No	25	150
Vernal, 1,744—Uintah Co.								
Vernal Hospital	Gen	Indiv	12	5	3	No	...	.....
Related Institutions								
American Fork, 3,047—Utah Co.								
Utah State Training School	MenDef	State	200	...	..	...	...	.....
Brigham, 5,095—Box Elder Co.								
Pearse Private Hospital	Gen	Indiv	12	3	2	No	...	.....
Fillmore, 1,374—Millard Co.								
Fillmore Hospital	Gen	Indiv	6	2	..	No	5	30
Hiawatha, 939—Carbon Co.								
U. S. Fuel Company Hosp.■	Gen	Indus	6	1	1	No	30	200
Murray, 5,172—Salt Lake Co.								
Cottonwood State Maternity Hospital	Mater	Church	28	7	14	No	236	360
Murray Clinic Hospital	Gen	Indiv	10	2	..	Yes	...	200
Ogden, 40,272—Weber Co.								
Utah School for the Deaf and Blind	Inst	State	18	3	..	No	...	.....
Richfield, 3,067—Sevier Co.								
Richfield General Hospital	Gen	Indiv	6	2	..	No	...	49
Salt Lake City, 140,267—Salt Lake Co.								
Mountain View Sanitarium	N&M	Indiv	6	...	..	No	...	.....

Summary for Utah:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	25	2,215	1,768	26,335
Related institutions	9	292	20	739
Totals	34	2,507	1,788	27,074
Refused registration	0			

VERMONT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Barre, 11,307—Washington Co.								
Barre City Hospital◊■	Gen	Indep	38	35	12	Yes	167	1,208
Washington County Hosp.	TB	County	47	42	..	No	...	79
Bellows Falls, 3,930—Windham Co.								
Rockingham General Hosp.◊	Gen	Indep	36	25	7	Yes	71	829
Bennington, 7,340—Bennington Co.								
Henry W. Putnam Memorial Hospital■	Gen	Indep	86	39	20	No	189	903
Brattleboro, 8,709—Windham Co.								
Brattleboro Mem. Hosp.◊	Gen	Indep	55	27	5	No	29	1,198
Brattleboro Retreat	N&M	Indep	500	621	..	Yes	...	196
Burlington, 24,789—Chittenden Co.								
Bishop De Goesbriand Hospital◊■	Gen	Church	112	72	10	No	179	2,477
Green Mountain Sanat	Gen	Indiv	14	2	..	Yes	...	105
Lakeview Sanitarium	N&M	Indep	25	16	..	No	...	.....
Mary Fletcher Hospital◊■	Gen	Indep	135	100	15	Yes	277	4,126
Ft. Ethan Allen, 106—Chittenden Co.								
Station Hospital■	Gen	Army	62	19	1	Yes	2	887
Hardwick, 1,667—Caledonia Co.								
Hardwick Hospital■	Gen	Indep	12	5	6	No	39	176
Middlebury, 2,003—Addison Co.								
Porter Memorial Hospital	Gen	Indep	45	11	10	No	37	470
Montpelier, 7,837—Washington Co.								
Heaton Hospital◊	Gen	Indep	70	56	8	No	157	1,461
Newport, 5,094—Orleans Co.								
Orleans County Memorial Hospital◊■	Gen	Indep	26	17	6	Yes	71	501
Pittsford, 637—Rutland Co.								
Vermont Sanatorium	TB	State	75	50	..	No	...	93
Proctor, 2,515—Rutland Co.								
Proctor Hospital■	Gen	Indus	33	10	7	Yes	67	407
Randolph, 1,957—Orange Co.								
Randolph Sanatorium◊	Gen	Indep	50	18	10	No	40	525
Rutland, 17,315—Rutland Co.								
Brightview Private Hosp.■	Gen	Indiv	12	5	7	No	80	199
Rutland Hospital◊	Gen	Indep	110	62	16	Yes	207	1,961
St. Albans, 8,020—Franklin Co.								
St. Albans Hospital◊	Gen	Indep	45	38	5	Yes	101	1,100
Sherwood Sanitarium	Gen	Indiv	10	8	..	No	...	100
St. Johnsbury, 7,029—Caledonia Co.								
Brightlook Hospital◊■	Gen	Indep	53	36	12	No	95	1,086
St. Johnsbury Hospital	Gen	Church	30	15	..	No	...	321

Key to symbols and abbreviations is on page 2078

VERMONT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Springfield, 4,943—Windsor Co.								
Springfield Hospital■	Gen	Indep	33	16	6	No	111	559
Waterbury, 1,776—Washington Co.								
Vermont State Hospital for the Insane	N&M	State	900	908	..	No	...	212
Winooski, 5,308—Chittenden Co.								
Fanny Allen Hospital◊	Gen	Church	75	33	9	No	138	1,184
Related Institutions								
Bennington, 7,356—Bennington Co.								
Vermont Soldiers' Home Hospital	Inst	State	30	7	..	No	...	26
Brandon, 2,891—Rutland Co.								
Brandon State School	MenDef	State	300	246	..	Yes	...	45
Northfield, 2,075—Washington Co.								
Ainsworth Infirmary	Inst	Indep	7	4	..	No	...	.....
Pittsford, 637—Rutland Co.								
Caverly Preventorium■	TB	Indep	44	43	..	No	...	95
Vergennes, 1,705—Addison Co.								
Vermont State Industrial School	Inst	State	40	10	..	Yes	...	.....
Windsor, 3,689—Windsor Co.								
Vermont State Prison Hospital■	Inst	State	7	3	..	No	...	74

Summary for Vermont:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	27	2,689	2,286	22,363
Related institutions	6	428	309	240
Totals	33	3,117	2,595	22,603
Refused registration	0			

VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Abingdon, 2,877—Washington Co.								
George Ben Johnston Memorial Hospital◊■	Gen	Indep	57	40	6	Yes	35	1,012
Alexandria, 24,149—Arlington Co.								
Alexandria Hospital◊■	Gen	Indep	50	50	12	Yes	314	1,882
Appalachia, 3,595—Wise Co.								
Appalachia Masonic Hosp.■	Gen	Frat	12	2	2	No	11	143
Bristol, 8,840—Washington Co.								
King's Mountain Memorial Hospital	Gen	Indep	50	22	6	Yes	113	974
Brook Hill, 18—Henrico Co.								
Pine Camp Hospital	TB	City	112	98	..	Yes	...	86
Burkeville, 755—Nottoway Co.								
Piedmont Sanat. (col.)◊	TB	State	150	145	..	No	...	277
Catawba Sanatorium, 55—Roanoke Co.								
Catawba Sanatorium◊	TB	State	345	333	..	No	...	422
Charlottesville, 15,245—Albemarle Co.								
Blue Ridge Sanatorium◊	TB	State	270	265	..	No	...	342
Martha Jefferson Hospital	Gen	Indep	50	30	10	No	132	1,410
Christiansburg, 1,970—Montgomery Co.								
New Altamont Hospital	Gen	Indep	25	8	6	Yes	16	353
Clifton Forge, 6,839—Alleghany Co.								
Chesapeake and Ohio Railway Hospital◊■	Gen	Indus	105	64	5	Yes	75	2,345
Clintwood, 729—Dickenson Co.								
Dickenson County Hospital	Gen	Indiv	30	6	2	No	20	230
Sutherland's Hospital	Gen	Indiv	12	3	2	No	...	.....
Coeburn, 784—Wise Co.								
Coeburn Hospital	Gen	Indep	30	15	..	No	20	.....
Dante, 341—Russell Co.								
Clinchfield Hospital■	Gen	Indus	25	11	2	No	...	.....
Danville, 22,247—Pittsylvania Co.								
Hilltop Sanatorium	TB	Indep	65	55	..	No	...	120
Memorial Hospital◊	Gen	Indep	100	54	10	Yes	263	2,670
Providence Hosp. (col.)	Gen	Indiv	32	12	2	No	...	273
Farmville, 3,133—Prince Edward Co.								
Southside Community Hospital■	Gen	Indep	50	17	10	Yes	32	706
Floyd, 450—Floyd Co.								
Floyd Hospital■	Gen	Indiv	10	3	4	No	10	.....
Ft. Humphreys,—Fairfax Co.								
Station Hospital■	Gen	Army	20	11	..	Yes	...	568
Ft. Monroe, 1,265—Elizabeth City Co.								
Station Hospital■	Gen	Army	90	39	6	Yes	54	562
Ft. Myer, 1,050—Arlington Co.								
Station Hospital■	Gen	Army	61	22	..	Yes	...	1,000
Franklin, 2,930—Southampton Co.								
Raiford Hospital■	Gen	Indiv	22	12	1	No	12	225
Fredericksburg, 6,819—Spotsylvania Co.								
Mary Washington Hosp.◊■	Gen	Indep	70	44	10	No	93	1,540
Galax, 2,544—Grayson Co.								
Galax Hospital and Clinic■	Gen	Indiv	22	9	3	No	12	271
Hampton, 6,382—Elizabeth City Co.								
Hampton Training School for Nurses, and Dixie Hospital◊■	Gen	Indep	65	24	9	No	83	933
Harrisonburg, 7,232—Rockingham Co.								
Rockingham Mem. Hosp.◊■	Gen	Cy&Co	90	61	10	No	122	2,715
Hopewell, 11,327—Prince George Co.								
Community Hospital■	Gen	Indep	30	8	3	No	...	343
Hot Springs, 1,010—Bath Co.								
Community Hospital■	Gen	Indep	14	6	4	No	34	162
Hurley, 220—Buchanan Co.								
Knox Creek Hospital■	Gen	Indep	20	10	..	No	15	.....
Langley Field,—Elizabeth City Co.								
Station Hospital■	Gen	Army	50	3	..	Yes	...	902
Lebanon, 560—Russell Co.								
St. Ann's Hospital	Gen	Indiv	14	8	3	No	...	.....
Leesburg, 1,640—Loudoun Co.								
Loudoun County Hosp.■	Gen	Indep	30	12	6	No	43	606
Lexington, 3,732—Rockbridge Co.								
Stonewall Jackson Memorial Hospital■	Gen	Indep	42	24	8	No	60	956
Luray, 1,459—Page Co.								
Page Memorial Hospital■	Gen	Indep	12	3	3	No	18	115
Lynchburg, 40,661—Campbell Co.								
Guggenheimer Mem. Hosp.	(Child. Dept. of Marshall Lodge Mem. Hosp.)							
Lynchburg General Hosp.◊■	Gen	City	88	70	11	Yes	111	1,966
Marshall Lodge Memorial Hospital◊	Gen	Frat	135	59	12	No	159	2,113
Virginia Baptist Hosp.◊	Gen	Church	102	35	16	No	151	1,157
Marion, 4,156—Smyth Co.								
Southwestern State Hosp.	N&M	State	1,100	1,049	..	Yes	...	.....
Martinsville, 7,705—Henry Co.								
Shackelford Hospital	Gen	Indiv	52	22	4	No	...	.....
Nassawadox, 475—Northampton Co.								
Northampton-Accomac Memorial Hospital■	Gen	County	50	22	5	Yes	40	801
Newport News, 34,417—Warwick Co.								
Elizabeth Buxton Hosp.◊■	Gen	Indiv	90	58	10	No	103	2,098
Riverside Hospital◊■	Gen	Indep	76	38	8	No	215	1,608
Whittaker Memorial Hospital (col.)	Gen	Indep	50	8	4	No	20	296
Norfolk, 129,710—Norfolk Co.								
Children's Visiting Nurse Service and Clinic (Kings Daughters)	Chil	Indep	26	16	..	Yes	...	.....
Hospital of St. Vincent de Paul■◊■	Gen	Church	228	141	22	Yes	279	3,682
Memorial Hospital◊	Gen	Indep	50	28	8	No	140	1,214
Norfolk Protestant Hosp.■◊	Gen	Church	175	100	25	Yes	486	4,073
Sarah Leigh Hospital◊	Gen	Indep	75	48	15	No	96	1,507
U. S. Marine Hospital■	Gen	USPHS	251	224	..	Yes	...	2,606
Norton, 3,077—Wise Co.								
Norton Hospital	Gen	Indep	30	14	2	No	...	.....
Pearisburg, 608—Giles Co.								
St. Elizabeth's Gen. Hosp.	Gen	Indep	20	11	2	No	...	.....
Pennington Gap, 1,553—Lee Co.								
Lee General Hospital	Gen	Indep	25	New	2	Yes	...	.....
Petersburg, 28,364—Dinwiddie Co.								
Central State Hosp. (col.)	N&M	State	2,300	2,655	..	No	...	569
Medical Center Hospital	(Included in Central State Hospital)							
Petersburg Hospital◊■	Gen	Indep	75	51	7	No	92	1,818
Portsmouth, 45,704—Norfolk Co.								
Kings' Daughters Hosp.◊■	Gen	Church	68	37	12	Yes	121	1,197
Norfolk Naval Hospital■■	Gen	Navy	817	404	..	No	...	5,117
Parrish Memorial Hosp.◊■	Gen	Indep	40	24	10	No	119	1,093
Pulaski, 7,168—Pulaski Co.								
Pulaski Hospital◊■	Gen	Indep	35	18	5	Yes	53	624
Radford, 6,227—Montgomery Co.								
St. Alban's Sanatorium	N&M	Indiv	35	23	..	No	...	.....
Richlands, 1,355—Tazewell Co.								
Mattie Williams Hospital◊	Gen	Indiv	25	14	5	No	29	.....
Richmond, 182,929—Henrico Co.								
Crippled Children's Hosp.	(Included in Med. Coll. of Va., Hosp. Div.)							
Dooley Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Grace Hospital◊	Gen	Indep	42	34	8	No	103	2,061
Johnston-Willis Hospital◊	Gen	Indep	112	73	15	Yes	346	3,109
Medical College of Virginia Hospital Division■◊■	Gen	Indep	424	280	32	Yes	317	7,561
Memorial Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Northside General Hospital Sanitarium	Gen	Indep	30	12	1	No	...	.....
Retreat for the Sick◊■	Gen	Indep	90	34	10	No	95	1,608
St. Elizabeth's Hospital◊	Gen	Indiv	56	43	..	Yes	...	1,302
St. Luke's Hospital◊	Gen	Indep	81	65	..	Yes	...	1,934
St. Philip Hospital (col.)	(Included in Med. Coll. of Va., Hosp. Div.)							
Sheltering Arms	Gen	Indep	71	55	5	No	95	1,103
Stuart Circle Hospital◊	Gen	Indep	92	64	18	Yes	342	2,782
Tucker Sanatorium	Gen	Indep	52	27	..	No	...	398
Westbrook Sanatorium	N&M	Indep	146	123	..	No	...	244
Roanoke, 69,206—Roanoke Co.								
Burrell Mem. Hosp. (col.)◊	Gen	Indep	40	20	4	Yes	26	543
Gill Memorial Eye, Ear and Throat Hospital	EENT	Indiv	25	3	..	Yes	...	.....
Jefferson Hospital■◊	Gen	Part	110	66	9	Yes	123	2,389
Lewis-Gale Hospital◊	Gen	Indep	65	56	6	Yes	57	1,935
Roanoke Hospital◊	Gen	Indep	98	55	13	Yes	159	1,849
Shenandoah Hospital◊	Gen	Indep	50	25	10	No	95	1,199
Salem, 4,833—Roanoke Co.								
Mount Regis Sanatorium◊	TB	Indep	65	42	..	Yes	...	83
Saltville, 2,264—Smyth Co.								
Mathieson Hospital■	Gen	Indus	12	5	2	Yes	7	208
South Boston, 4,841—Halifax Co.								
Halcyon Hospital■	Gen	Indep	24	10	6	No	17	550
South Boston Hospital■	Gen	Indiv	36	16	4	No	18	312
Staunton, 11,990—Augusta Co.								
King's Daughters Hosp.◊■	Gen	Indep	72	42	8	No	135	1,423
Suffolk, 10,271—Nansemond Co.								
Lakeview Hospital	Gen	Indep	50	27	4	No	47	926
Virginia General Hosp.■	Gen	Indep	25	6	10	No	33	336
University, 1,125—Albemarle Co.								
University of Virginia Hospitals■◊■	Gen	State	312	241	30	Yes	461	6,188
Victoria, 1,568—Lunenburg Co.								
Kendig Brothers Hospital■	Gen	Part	15	5	2	No	10	150

Key to symbols and abbreviations is on page 2078

VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Warrenton, 1,450—Fauquier Co.								
Fauquier County Hosp.■	Gen	Indep	30	17	4	No	77	647
Williamsburg, 3,778—James City Co.								
Eastern State Hospital	N&M	State	1,100	1,221	..	No	...	315
Winchester, 10,855—Frederick Co.								
Winchester Mem. Hosp.◊■	Gen	Indep	100	60	14	No	131	2,127
Related Institutions								
Bon Air, 62—Chesterfield Co.								
Virginia Home and Industrial School for Girls	Inst	State	8	4	..	No	...	.....
Clover, 251—Halifax Co.								
Little Retreat Hospital	Gen	Indiv	5	1	2	No	22	32
Colony, 50—Amherst Co.								
State Colony for Epileptics and Feebleminded	MenDef	State	908	806	..	No	...	185
Falls Church, 2,019—Fairfax Co.								
Gundry Home and Training School for Feebleminded	MenDef	Indiv	80	70	..	No	...	7
Farmville, 3,133—Prince Edward Co.								
State Teachers' College Infirmary	Inst	State	30	6	..	No	...	457
Front Royal, 2,424—Warren Co.								
Station Hospital■	Gen	Army	8	1	..	Yes	...	95
Hollins, 65—Roanoke Co.								
Susanna Memorial Infirmary of Hollins College	Inst	Indep	30	3	..	No	...	.....
Lawrenceville, 1,629—Brunswick Co.								
Loulie Taylor Letcher Memorial Hospital (col.)	Inst	Indep	16	2	..	No	...	106
Lexington, 3,752—Rockbridge Co.								
Virginia Military Institute Hospital	Inst	State	20	10	..	No	...	.....
Maidens, 22—Goochland Co.								
Virginia Industrial School for Boys	Inst	State	15	2	..	No	...	.....
National Soldiers Home, 3,875—Elizabeth City Co.								
Veterans Admin. Home■▲	Inst	VetAd	810	755	..	Yes	...	1,209
Norfolk, 129,710—Norfolk Co.								
Florence Crittenton Home	Mater	Indep	6	2	22	No	20	35
Henry A. Wise Hospital for Contagious Diseases■	Iso	City	60	8	..	No	...	218
Richmond, 182,929—Henrico Co.								
City Home■	Inst	City	400	352	14	No	68	1,300
Convalescent Home Hosp.	Conv	Indiv	50	40	..	No	...	100
Lee Camp Soldiers' Home Hospital▲	Inst	State	75	33	..	Yes	...	93
Penitentiary Hospital■	Inst	State	36	16	..	No	...	393
Virginia Home for Incurables	Incur	Indep	110	75	..	No	...	16
Staunton, 11,990—Augusta Co.								
Western State Hospital	N&M	State	1,950	1,900	..	No	...	849
State Farm, 83—Goochland Co.								
State Farm Hospital■	Inst	State	60	47	..	No	...	3,985
Stonega, 251—Wise Co.								
Stonega Hospital	Indus	Indus	18	7	..	Yes	...	114
Sweet Briar, 114—Amherst Co.								
Sweet Briar College Infirmary	Inst	Indep	20	4	..	Yes	...	92
Toms Creek, 781—Wise Co.								
Toms Creek Hospital■	Indus	Indus	20	4	..	Yes	...	155

Summary for Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	91	11,575	9,516	101,084
Related institutions	23	4,885	4,234	9,411
Totals	114	16,460	13,750	110,495
Refused registration	3	54		

WASHINGTON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Aberdeen, 21,723—Grays Harbor Co.								
Aberdeen General Hosp.■	Gen	Indep	92	49	..	Yes	...	1,085
St. Joseph's Hospital◊■	Gen	Church	63	56	16	No	190	1,290
American Lake,—Pierce Co.								
Veterans Admin. Hospital	N&M	VetAd	512	500	..	No	...	140
Anacortes, 6,564—Skagit Co.								
Anacortes Hospital	Gen	Indiv	25	8	5	No	52	370
Auburn, 3,936—King Co.								
Owen Taylor Hospital	Gen	Indep	36	12	8	No	...	.....
Bellingham, 30,823—Whatcom Co.								
St. Frances Hospital■	Gen	Indiv	17	4	4	No	60	120
St. Joseph's Hospital◊■	Gen	Church	90	45	10	No	197	1,301
St. Luke's Hospital◊	Gen	Church	70	49	15	No	248	1,895
Bremerton, 10,170—Kitsap Co.								
Olympic Hospital	Gen	Indep	40	25	15	No	189	.....
U. S. Naval Hospital▲■	Gen	Navy	424	202	..	Yes	...	2,585
Burlington, 1,407—Skagit Co.								
Burlington General Hosp.	Gen	Indiv	30	14	7	No	59	402
Centralia, 8,038—Lewis Co.								
St. Luke's Hospital◊■	Gen	Indep	44	14	6	Yes	84	477
Chehalis, 4,907—Lewis Co.								
St. Helen's Hospital■	Gen	Church	35	14	6	No	76	552
Chewelah, 1,315—Stevens Co.								
St. Joseph's Hospital	Gen	Church	19	10	4	No	27	203

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Cle Elum, 2,508—Kittitas Co.								
Roslyn Cle Elum Beneficial Company Hospital■	Gen	Indus	24	10	..	Yes	3	700
Colfax, 2,782—Whitman Co.								
St. Ignatius Hospital■	Gen	Church	60	41	10	No	95	1,416
Colville, 1,803—Stevens Co.								
Mt. Carmel Hospital	Gen	Part	33	17	4	No	15	600
Ellensburg, 4,621—Kittitas Co.								
Ellensburg General Hosp.	Gen	Indep	30	20	12	No	106	771
Elma, 1,545—Grays Harbor Co.								
Conway Hospital	Gen	Indiv	14	7	4	No	42	.....
Oakhurst Sanatorium	TB	County	65	63	..	Yes	...	105
Everett, 30,567—Snohomish Co.								
General Hospital◊■	Gen	Indep	84	51	16	No	289	1,888
Providence Hospital◊	Gen	Church	104	40	16	No	178	1,577
Ft. Lawton (Seattle P.O.),—King Co.								
Station Hospital■	Gen	Army	30	6	..	Yes	...	246
Ft. Lewis, 6,050—Pierce Co.								
Station Hospital■	Gen	Army	100	61	4	Yes	43	1,920
Ft. Steilacoom,—Pierce Co.								
Western State Hospital■	N&M	State	1,947	1,723	..	No	...	410
Ft. Worden (Pt. Townsend P.O.), 14—Jefferson Co.								
Station Hospital	Gen	Army	50	6	..	Yes	...	242
Hoquiam, 12,766—Grays Harbor Co.								
Hoquiam General Hosp.◊■	Gen	Indep	65	38	10	Yes	167	1,228
Ione, 564—Pend Oreille Co.								
Ione Hospital	Gen	Indiv	11	5	4	No	25	185
Kirkland, 1,714—King Co.								
Kirkland Hospital	Gen	Indiv	12	4	4	No	50	175
Lakeview, 352—Pierce Co.								
Mountain View Sanat.■	TB	County	140	131	..	Yes	...	208
Leavenworth, 1,415—Chelan Co.								
Cascade Sanitarium■	Gen	Indiv	35	14	6	Yes	98	1,460
Longview, 10,652—Cowlitz Co.								
Longview Memorial Hospital◊■	Gen	Indep	80	43	16	Yes	242	1,624
Medical Lake, 1,671—Spokane Co.								
Eastern State Hospital	N&M	State	1,384	1,387	..	No	...	.....
Monroe, 1,570—Snohomish Co.								
Monroe General Hospital	Gen	Indiv	16	5	7	No	49	1,000
Mt. Vernon, 3,699—Skagit Co.								
Mt. Vernon General Hosp.■	Gen	Part	30	15	5	No	47	563
Newport, 1,080—Pend Oreille Co.								
Newport Hospital	Gen	Indep	20	8	4	No	36	278
Olympia, 11,733—Thurston Co.								
Maxwell Maternity Hosp.	Mater	Indiv	15	5	20	No	84	175
St. Peter's Hospital■	Gen	Church	115	47	15	No	111	1,375
Omak, 2,547—Okanogan Co.								
Mills Hospital	Gen	Indiv	10	4	6	No	32	112
Omak Hospital	Gen	Indiv	12	5	3	No	...	.....
Pasco, 3,406—Franklin Co.								
Our Lady of Lourdes Hospital◊■	Gen	Church	54	24	8	No	98	805
Port Angeles, 10,188—Clallam Co.								
Port Angeles Hospital and Sanitarium◊	Gen	Indep	78	51	6	Yes	60	2,112
Port Townsend, 3,979—Jefferson Co.								
St. John's Hospital	Gen	Church	80	40	6	No	105	572
U. S. Marine Hospital■	Gen	USPHS	100	109	..	Yes	...	802
Puyallup, 7,094—Pierce Co.								
Puget Sound Sanatorium	N&M	Indiv	32	18	..	No	...	31
Raymond, 3,828—Pacific Co.								
Riverview Hospital	Gen	Indep	25	8	4	No	30	325
Renton, 4,062—King Co.								
Renton Hospital	Gen	Indiv	28	8	6	No	112	360
Richmond Highlands, 34—King Co.								
Firland Sanatorium■	TB,Iso	City	270	234	..	No	...	663
Seattle, 365,583—King Co.								
Ballard Accident and General Hospital	Gen	Indiv	30	2	12	No	80	605
Children's Orthopedic Hospital◊●■	Ortho	Indep	135	113	..	Yes	...	1,319
Columbus Hospital◊	Gen	Church	200	110	36	No	460	3,350
Harborview Hospital◊▲	Gen	Cy&Co	420	416	33	Yes	404	4,992
Laurel Beach Sanatorium	TB	Part	60	45	..	No	...	140
Martha Washington Hosp.■	Gen	Indep	103	24	22	No	31	432
Meadows Sanatorium	N&M	Part	40	21	..	No	...	142
Morningside Sanitarium■	TB	County	150	137	..	No	...	284
Providence Hospital◊●■	Gen	Church	356	300	56	No	890	8,869
Riverton Sanatorium■	TB	Indep	60	40	..	No	...	148
St. Luke's Hospital	Gen	Indep	52	30	18	No	206	955
Seattle City Hospital◊	Gen	City	59	29	..	Yes	...	1,443
Seattle General Hosp.◊■	Gen	Church	115	101	20	No	500	3,285
Swedish Hospital◊	Gen	Indep	195	141	65	No	766	4,166
Virginia Mason Hosp.◊■	Gen	Indep	150	94	30	No	437	3,118
Sedro Woolley, 2,719—Skagit Co.								
Northern State Hospital	N&M	State	1,110	1,432	..	No	...	260
Sedro Woolley Mem. Hosp.■	Gen	Indep	26	12	6	No	35	354
Sequim, 534—Clallam Co.								
Sequim Prairie Hospital	Gen	Indiv	12	3	5	No	25	500
Shelton, 3,091—Mason Co.								
Shelton General Hospital■	Gen	Part	34	11	5	Yes	35	351
Snohomish, 2,688—Snohomish Co.								
Aldercrest Sanatorium	TB	County	40	37	..	No	...	40
Snohomish General Hosp.■	Gen	Indiv	18	4	3	No	18	130
Snoqualmie Falls, 362—King Co.								
Snoqualmie Falls Hosp.■	Gen	Indus	30	22	6	Yes	68	580
South Bend, 1,798—Pacific Co.								
South Bend General Hosp.	Gen	Indep	35	10	5	No	30	280
Spokane, 115,514—Spokane Co.								
Deaconess Hospital◊■	Gen	Church	200	102	30	No	507	3,707
Edgecliff Sanatorium	TB	County	165	110	..	No	...	150
Sacred Heart Hospital◊	Gen	Church	300	200	40	No	667	5,628
St. Luke's Hospital◊■	Gen	Church	151	93	24	No	242	2,906

Key to symbols and abbreviations is on page 2078

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Shriners' Hospitals for Crippled Children	(Uses Wards in St. Luke's Hospital)							
Station Hospital■	Gen	Army	41	12	..	Yes	...	323
Sumas, 647—Whatcom Co.								
Merrilyn Cottage Hospital	Gen	Indiv	10	3	3	No	19	.....
Sumas General Hospital	Gen	Indiv	12	3	3	No	14	108
Tacoma, 106,817—Pierce Co.								
Northern Pacific Beneficial Association Hospitals■	Gen	Indep	116	65	5	Yes	30	2,069
Pierce County Hospital■	Gen	County	198	151	18	Yes	177	1,854
St. Joseph's Hospital◊■	Gen	Church	300	118	50	Yes	605	4,312
Tacoma General Hosp.●◊■	Gen	Indep	200	102	36	Yes	587	4,382
U. S. Tacoma Hospital	Gen	Indian	300	300	..	Yes	...	1,000
Tonasket, 513—Okanogan Co.								
Tonasket Hospital■	Gen	Indiv	10	5	4	No	16	153
Toppenish, 2,774—Yakima Co.								
Yakima Sanitarium	TB	Indian	40	30	..	No	...	135
Vancouver, 15,766—Clark Co.								
Clark General Hospital■	Gen	Indep	50	17	12	No	114	766
St. Joseph's Hospital◊	Gen	Church	125	65	14	No	125	1,586
Station Hospital	Gen	Army	60	17	..	Yes	...	427
Walla Walla, 15,976—Walla Walla Co.								
St. Mary's Hospital◊	Gen	Church	115	48	10	No	...	.....
Veterans Admin. Hospital■	Gen	VetAd	335	239	..	Yes	...	880
Walla Walla Sanitarium and Hospital◊■	Gen	Church	50	18	9	No	29	584
Wenatchee, 11,627—Chelan Co.								
Central Washington Deaconess Hospital◊■	Gen	Church	47	45	10	Yes	230	1,729
St. Anthony's Hospital◊■	Gen	Church	65	45	14	No	245	1,213
Yakima, 22,101—Yakima Co.								
St. Elizabeth's Hospital◊■	Gen	Church	150	120	30	No	...	4,422
Related Institutions								
Bellingham, 30,823—Whatcom Co.								
Normal School Isolation Hospital	Inst	State	12	...	..	No	...	.....
Chehalis, 4,907—Lewis Co.								
State Training School for Boys■	Inst	State	27	8	..	No	...	664
Friday Harbor, 601—San Juan Co.								
Friday Harbor Hospital	Gen	Indiv	7	2	3	No	7	24
Lakeview, 352—Pierce Co.								
Sunnycroft Sanatorium	N&M	Indiv	10	4	..	No	...	15
Medical Lake, 1,671—Spokane Co.								
State Custodial School	MenDef	State	1,200	1,279	..	No	...	203
Monroe, 1,576—Snohomish Co.								
Snohomish County Hospital and Farm■	Inst	County	30	...	2	No	...	112
Mount Vernon, 3,690—Skagit Co.								
Mount Vernon Maternity Hospital	Mater	Indiv	12	5	7	...	...	.....
Puyallup, 7,694—Pierce Co.								
Valley Hospital	Gen	Indiv	30	...	12	...	...	.....
Republic, 716—Ferry Co.								
Republic Hospital	Gen	Indiv	8	4	2	No	...	.....
Retsil, 659—Kitsap Co.								
Washington Veterans' Home and Hospital	Inst	State	150	125	..	No	...	.....
Ritzville, 1,777—Adams Co.								
Ritzville General Hospital	Gen	Indiv	10	5	5	No	...	.....
Seattle, 365,583—King Co.								
Freedlander's Sanitarium	Conv	Indiv	12	10	..	No	...	100
Georgetown Hospital	Inst	County	265	200	..	...	...	.....
Mason Sanitarium	Conv	Indep	25	10	..	No	...	.....
Mt. Baker Dietetic Boarding Home	Conv	Indiv	15	3	..	No	...	84
Rest Haven Sanitarium	Conv	Indiv	11	7	..	...	...	87
Seattle Convalescent Home■	Conv	Indiv	20	18	..	No	...	48
University of Washington Health Service Infirmary■	Inst	State	45	10	..	Yes	...	898
Spangle, 218—Spokane Co.								
Spokane County Infirm.■	Inst	County	90	68	..	No	...	217
Spokane, 115,514—Spokane Co.								
Rivercrest Hospital	Iso	City	96	10	..	No	...	210
Salvation Army Women's Hospital and Home■	Mater	Church	46	41	14	No	137	197
Sprague, 609—Lincoln Co.								
Sprague Hospital	Gen	Indiv	10	2	3	No	25	100
Steilacoom, 722—Pierce Co.								
U. S. Penitentiary■▲	Inst	Fed	87	25	..	Yes	...	391
Tacoma, 106,817—Pierce Co.								
City Contagious Hospital	Iso	City	30	8	..	No	...	122
White Shield Home	Mater	Indep	30	14	10	No	49	71
Tulalip, 620—Snohomish Co.								
Tulalip Indian School Hospital	Gen	Indian	12	10	..	Yes	...	.....
Vancouver, 15,766—Clarke Co.								
Washington School for the Deaf	Inst	State	24	...	..	No	...	.....
Walla Walla, 15,976—Walla Walla Co.								
Washington State Penitentiary Hospital	Inst	State	35	20	..	Yes	...	.....
Yakima, 22,101—Yakima Co.								
Yakima Nursing Home and Hospital	Gen	Indiv	12	6	9	No	132	.....

Summary for Washington:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	93	13,421	10,283	107,944
Related institutions	28	2,351	1,908	3,543
Totals	121	15,772	12,191	111,487
Refused registration	16	396		

WEST VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Beckley, 9,357—Raleigh Co.								
Beckley Hospital■	Gen	Part	150	54	10	No	55	3,753
Raleigh General Hosp.◊■	Gen	Indep	50	27	2	Yes	16	824
Rutherford State Sanit.	TB	State	125	114	..	No	...	251
Bluefield, 19,339—Mercer Co.								
Bluefield Sanitarium◊	Gen	Indep	100	51	6	No	64	2,300
Brown's Hospital (col.)◊	Gen	Indiv	40	22	3	Yes	35	7,605
Providence Hosp. (col.)	Gen	Indiv	25	5	2	Yes	3	173
St. Luke's Hospital◊	Gen	Indep	75	32	6	No	77	1,630
Buckhannon, 4,374—Upshur Co.								
St. Joseph's Hospital◊■	Gen	Church	31	20	5	No	34	600
Charleston, 60,408—Kanawha Co.								
Charleston Gen. Hosp.●●◊■	Gen	Indep	168	116	15	Yes	91	3,893
Hill Crest Sanatorium	TB	Indep	41	40	..	No	...	56
Kanawha Valley Hosp.◊■	Gen	Indep	90	67	12	Yes	140	2,177
Dr. Lewis Prichard Free Clinical Hospital■	Gen	Church	26	20	3	Yes	...	538
McMillan Hospital◊■	Gen	Indep	100	30	10	Yes	63	2,017
Mountain State Hospital◊■	Gen	Indep	110	84	20	No	197	3,800
St. Francis Hospital◊	Gen	Church	75	31	10	No	150	1,458
Stuats Hospital	Gen	Indep	45	23	..	No	21	705
Charles Town, 2,424—Jefferson Co.								
Charles Town Gen. Hosp.■	Gen	Indep	25	13	5	No	...	495
Clarksburg, 28,866—Harrison Co.								
Mason Hospital◊	Gen	Indep	52	24	10	No	67	957
St. Mary's Hospital◊■	Gen	Church	125	66	12	No	141	2,447
Denmar,—Pocahontas Co.								
State Colored Tuber. Sanit.	TB	State	85	78	..	No	...	83
Elkins, 7,345—Randolph Co.								
Davis Memorial Hospital◊■	Gen	Indep	69	35	6	Yes	27	1,211
Elkins City Hospital◊■	Gen	Indiv	65	33	5	Yes	37	1,028
Fairmont, 23,159—Marion Co.								
Cook Hospital◊■	Gen	Indep	98	69	12	No	93	2,170
Fairmont Emerg. Hosp.●◊■	Gen	State	75	32	6	Yes	17	1,230
Glen Dale, 1,493—Marshall Co.								
Reynolds Memorial Hosp.◊■	Gen	Church	80	36	10	No	81	803
Grafton, 7,737—Taylor Co.								
Grafton City Hospital	Gen	City	20	12	4	No	...	.....
Hinton, 6,654—Summers Co.								
Hinton Hospital◊■	Gen	Indep	75	40	3	No	12	1,012
Holden, 2,046—Logan Co.								
Holden Hospital■	Gen	Indep	40	12	..	Yes	...	2,030
Hopemont, 2,046—Preston Co.								
Conley Hospital	(Included in State Tuber. Sanitarium)							
State Tuberculosis Sanit.	TB	State	475	414	..	No	...	550
Huntington, 75,572—Cabell Co.								
Chesapeake and Ohio Railway Hospital●●◊■	Gen	Indus	114	76	20	Yes	35	2,179
Huntington City Hospital■	Gen	City	36	16	6	Yes	27	5,751
Huntington Eye, Ear and Throat Hospital	EENT	Indiv	10	3	..	No	...	353
Huntington Mem. Hosp.◊■	Gen	Indep	150	46	6	Yes	35	1,236
Huntington Ortho. Hosp.	Ortho	Indep	50	45	..	Yes	...	275
St. Mary's Hospital◊	Gen	Church	100	47	16	No	194	1,827
Kenova, 3,680—Wayne Co.								
Rife-Ferguson Hospital	Gen	Part	10	6	2	No	18	220
Keyser, 6,248—Mineral Co.								
Potomac Valley Hospital◊	Gen	Indep	55	20	6	No	38	861
Kimball, 1,467—McDowell Co.								
Henrietta Dismukes Hospital (col.)	Gen	Indiv	40	25	2	No	...	.....
Lakin,—Mason Co.								
Lakin State Hosp. (col.)✦	N&M	State	450	351	..	No	...	76
Logan, 4,396—Logan Co.								
Hatfield-Lawson Hospital◊	Gen	Indep	105	69	10	Yes	...	.....
Marlinton, 1,586—Pocahontas Co.								
Pocahontas Mem. Hospital	Gen	County	35	15	2	...	...	.....
Martinsburg, 14,857—Berkeley Co.								
City Hospital◊■	Gen	Indep	42	26	8	No	31	728
King's Daughters Hosp.◊■	Gen	Indep	65	31	7	Yes	74	838
McKendree, 117—Fayette Co.								
McKendree Hosp. No. 22■	Gen	State	75	38	8	Yes	22	2,953
Montgomery, 2,396—Fayette Co.								
Coal Valley Hospital◊	Gen	Indep	65	54	5	Yes	32	3,242
Morgantown, 16,186—Monongalia Co.								
City Hospital◊■	Gen	Indiv	35	15	10	No	38	632
Eastmont Tuber. Sanat.	TB	Indep	30	33	..	No	...	.....
Monongalia County Hosp.◊	Gen	County	72	53	8	No	99	1,629
Moundsville, 14,411—Marshall Co.								
Grand View Sanatorium	TB	County	35	24	..	Yes	...	39
Mullens, 2,356—Wyoming Co.								
Mullens Hospital■	Gen	Indiv	30	13	2	No	20	1,002
New Martinsville, 2,814—Wetzel Co.								
Wetzel County Hospital■	Gen	County	20	4	3	No	9	2,800
Oak Hill, 2,076—Fayette Co.								
Oak Hill Hospital	Gen	Part	50	22	5	No	40	1,347
Parkersburg, 29,623—Wood Co.								
Camden-Clark Memorial Hospital◊	Gen	City	60	31	12	No	160	1,316
St. Joseph's Hospital◊■	Gen	Church	100	54	10	No	134	1,541
Princeton, 6,555—Mercer Co.								
Mercer Memorial Hosp.◊■	Gen	Indep	45	22	4	Yes	22	658
Princeton Hospital◊■	Gen	Indep	40	25	4	Yes	18	1,076
Richwood, 5,730—Nicholas Co.								
McClung Hospital◊	Gen	Indiv	45	19	5	Yes	136	726
Sacred Heart Hospital◊	Gen	Church	30	14	6	No	36	543
Ronceverte, 2,254—Greenbrier Co.								
Greenbrier Valley Hosp.◊■	Gen	Indep	50	26	2	Yes	15	684
Sistersville, 3,072—Tyler Co.								
Sistersville General Hosp.■	Gen	Indep	20	10	3	No	15	210
South Charleston, 5,504—Kanawha Co.								
Dunn Hospital	Gen	Indiv	15	6	9	No	30	151
Welch, 5,576—McDowell Co.								
Grace Hospital	Gen	Indep	60	25	6	No	33	950
Stevens Clinic Hospital■	Gen	Indus	76	37	4	Yes	35	1,765
Welch Emergency Hosp.◊■	Gen	State	125	49	5	Yes	25	2,203

Key to symbols and abbreviations is on page 2078

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WEST VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Weston, 8,646—Lewis Co.								
City Hospital■	Gen	Part	25	11	6	Yes	34	313
General Hospital■	Gen	Indiv	20	18	5	Yes	31	400
Wheeling, 61,659—Ohio Co.								
Ohio Valley General Hospital●◊	Gen	Indep	240	173	30	Yes	363	4,457
Wheeling Hospital●◊■	Gen	Church	360	129	23	Yes	301	4,659
Williamson, 9,419—Mingo Co.								
Williamson Mem. Hosp.◊■	Gen	Indep	57	40	4	No	44	1,356
Related Institutions								
Elm Grove,—Ohio Co.								
Ohio County Home Hosp.■	Inst	County	48	48	..	No	...	100
Huntington, 75,572—Cabell Co.								
Huntington State Hospital	N&M	State	1,000	920	..	No	...	328
Salvation Army Hospital■	Gen	Church	10	3	6	Yes	13	251
Milton, 1,305—Cabell Co.								
Morris Memorial Hospital for Crippled Children	Ortho	Indep	30	30	..	No	...	.....
Moundsville, 14,411—Marshall Co.								
West Virginia Penitentiary Hospital■	Inst	State	64	62	..	No	...	.....
Romney, 1,441—Hampshire Co.								
West Virginia School for Deaf and Blind	Inst	State	15	...	..	No	...	.....
Spencer, 2,493—Roane Co.								
Spencer State Hospital	N&M	State	750	833	..	No	...	.....
Weston, 8,646—Lewis Co.								
Weston State Hospital	N&M	State	1,278	1,481	..	No	...	327
Wheeling, 61,659—Ohio Co.								
Ohio County Tuberculosis Sanatorium	TB	County	16	16	..	No	...	23

Summary for West Virginia:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	69	5,476	3,288	91,276
Related institutions	9	3,211	3,463	929
Totals	78	8,687	6,761	92,205
Refused registration	2	60		

WISCONSIN

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Algoma, 2,202—Kewaunee Co.								
Algoma Hospital	Gen	Indep	10	4	4	No	9	135
Amery, 1,354—Polk Co.								
Polk County Hospital	Gen	Indep	15	5	5	No	47	242
Antigo, 8,610—Langlade Co.								
Antigo Hospital	Gen	Indiv	12	8	6	No	...	370
City Hospital	Gen	Indiv	25	8	..	No	...	.....
Appleton, 25,267—Outagamie Co.								
St. Elizabeth Hospital●	Gen	Church	260	160	50	No	552	3,175
Ashland, 10,622—Ashland Co.								
Ashland General Hospital◊■	Gen	Indep	67	46	8	No	93	1,115
St. Joseph's Hospital●◊■	Gen	Church	134	86	16	No	149	2,345
Baraboo, 5,345—Sauk Co.								
St. Mary's Ringling Hosp.	Gen	Church	25	17	7	No	105	641
Barron, 1,885—Barron Co.								
River Side Hospital	Gen	Part	12	7	6	No	48	252
Beaver Dam, 9,867—Dodge Co.								
Lutheran Deaconess Hosp.	Gen	Church	30	24	8	No	156	895
Beloit, 25,611—Rock Co.								
Beloit Municipal Hosp.■	Gen	City	58	38	12	Yes	294	1,942
Berlin, 4,106—Green Lake Co.								
Yates Memorial Hospital	Gen	Indep	16	7	3	No	28	206
Boscobel, 1,762—Grant Co.								
Brookside Parker Hosp.■	Gen	Part	22	10	4	No	44	361
Burlington, 4,114—Racine Co.								
Burlington Mem. Hosp.■	Gen	Indep	25	14	10	No	153	687
Chippewa Falls, 9,539—Chippewa Co.								
St. Joseph's Hospital■	Gen	Church	185	139	17	No	332	2,818
Columbus, 2,514—Columbia Co.								
St. Mary's Hospital■	Gen	Church	40	22	6	Yes	85	535
Cumberland, 1,532—Barron Co.								
Cumberland Hospital	Gen	Part	30	18	6	No	57	446
Dodgeville, 1,937—Iowa Co.								
Dodgeville General Hosp.	Gen	Indep	24	12	5	No	97	858
St. Joseph's Hospital	Gen	Church	62	33	10	No	99	1,110
Eau Claire, 26,287—Eau Claire Co.								
Luther Hospital●◊■	Gen	Indep	147	85	20	No	258	2,550
Mt. Washington Sanat.	TB	County	58	55	..	No	...	109
Sacred Heart Hospital◊■	Gen	Church	210	114	16	Yes	366	3,709
Edgerton, 2,906—Rock Co.								
Edgerton Memorial Hospital■	Gen	City	16	7	6	No	79	448
Elkhorn, 2,346—Walworth Co.								
Walworth County Hosp.	Gen	County	50	20	11	No	183	.....
Fond du Lac, 26,449—Fond du Lac Co.								
St. Agnes Hospital●◊■	Gen	Church	225	161	25	No	536	4,749
Ft. Atkinson, 5,793—Jefferson Co.								
Ft. Atkinson Gen. Hosp.	Gen	Indiv	15	7	5	No	76	432
Frederic, 680—Polk Co.								
Frederic Hospital	Gen	Indiv	12	8	5	No	40	402
Grantsburg, 777—Burnett Co.								
Community Hospital	Gen	Indep	15	9	4	No	39	280

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Green Bay, 37,415—Brown Co.								
Bellin Memorial Hospital◊	Gen	Indep	92	55	8	No	171	2,315
St. Mary's Mothers' and Infants' Home and St. Mary's Hospital◊■	Gen	Church	105	62	20	No	408	2,750
St. Vincent's Hospital	Gen	Church	204	176	14	No	397	6,074
Hartford, 3,754—Washington Co.								
St. Joseph's Hospital■	Gen	Church	50	16	7	Yes	68	800
Hawthorne, 581—Douglas Co.								
Middle River Sanatorium	TB	County	100	80	..	No	...	.....
Hillsboro, 952—Vernon Co.								
Hansberry Hospital	Gen	Indiv	25	12	5	Yes	47	595
Hudson, 2,725—St. Croix Co.								
Hudson Sanatorium▲	Gen	Indiv	35	20	2	No	15	147
Janesville, 21,628—Rock Co.								
Mercy Hospital●◊	Gen	Church	120	80	30	No	343	1,778
Pinehurst Sanatorium	TB	County	70	60	..	No	...	73
Jefferson, 2,639—Jefferson Co.								
Forest Lawn Sanatorium	TB	County	52	46	..	Yes	...	46
Kenosha, 50,262—Kenosha Co.								
Kenosha Hospital◊■	Gen	Indep	150	70	30	Yes	414	916
St. Catherine's Hospital and Sanitarium■	Gen	Church	75	44	15	Yes	239	1,179
Willowbrook Sanatorium■	TB	County	38	38	..	No	...	64
Keshena, 270—Shawano Co.								
Keshena Indian Hospital	Gen	Indian	60	22	..	Yes	...	688
La Crosse, 39,614—La Crosse Co.								
Grandview Hospital■	Gen	Indep	100	72	10	Yes	102	1,928
La Crosse Lutheran Hospital●	Gen	Church	140	96	9	Yes	165	3,350
Methodist Hospital■	Gen	Church	40	37	10	No	129	1,459
St. Francis Hospital●◊■	Gen	Church	275	167	40	Yes	581	4,558
Ladysmith, 3,493—Rusk Co.								
St. Mary's Hospital◊■	Gen	Church	35	18	8	No	91	707
Lancaster, 2,432—Grant Co.								
Doolittle Hospital	Gen	Indiv	15	8	2	No	35	241
Laona, 1,709—Forest Co.								
Ovitz Hospital	Gen	Indus	16	13	4	No	51	278
Little Chute, 2,834—Outagamie Co.								
Riverview Sanatorium	TB	County	64	64	..	Yes	...	82
Madison, 57,899—Dane Co.								
Lake View Sanatorium■	TB	County	100	98	..	Yes	...	185
Madison General Hosp.●◊■	Gen	Indep	165	92	21	No	416	4,192
Madison Sanit. and Hosp.	Gen	Indep	42	20	3	Yes	16	768
Methodist Hospital●◊■	Gen	Church	110	62	10	No	154	2,685
Morningside Sanatorium	TB	Indep	35	25	..	No	...	.....
Normandale	N&M	Indep	30	20	..	No	...	.....
St. Mary's Hospital◊	Gen	Church	145	104	30	Yes	831	4,006
State of Wisconsin General Hospital●◊■▲	Gen	State	600	586	20	Yes	178	7,809
Wisconsin Orthopedic Hospital for Children	(Included in State of Wisconsin Gen. Hosp.)							
Manitowoc, 22,962—Manitowoc Co.								
Holy Family Hospital◊■	Gen	Church	125	61	25	No	276	2,249
Marinette, 13,734—Marinette Co.								
Marinette and Menominee Hospital■	Gen	Indep	54	28	12	Yes	193	1,126
Marshfield, 8,778—Wood Co.								
St. Joseph's Hospital●◊	Gen	Church	160	93	15	No	229	3,347
Mauston, 2,107—Juneau Co.								
Mauston Hospital	Gen	Indep	50	18	7	No	58	470
Medford, 1,918—Taylor Co.								
Medford Clinic Hospital■	Gen	Indep	34	10	8	Yes	21	418
Mendota, 112—Dane Co.								
Wisconsin Memorial Hosp.	N&M	State	300	279	..	No	...	47
Wisconsin State Hospital for Insane	N&M	State	800	764	..	Yes	...	609
Menomonie, 5,595—Dunn Co.								
Menomonie City Hospital	Gen	City	22	14	7	No	72	603
Merrill, 8,438—Lincoln Co.								
Holy Cross Hospital■	Gen	Church	50	21	11	No	88	763
Lincoln County Hospital	Gen	County	30	29	4	No	20	112
Milwaukee, 578,249—Milwaukee Co.								
Columbia Hospital●◊■	Gen	Indep	160	65	25	Yes	324	2,497
Evangelical Deaconess Hospital●◊■	Gen	Church	130	108	26	No	839	4,155
Johnston Emergency Hospital◊	Emerg	City	25	10	4	No	4	7,600
Lincoln Hospital	Gen	Indiv	25	9	..	No	...	.....
Dr. Lynch's Sanatorium	Diab	Indiv	15	6	..	Yes	...	509
Milwaukee Children's Hospital●◊■	Chil	Indep	155	144	..	Yes	...	3,393
Milwaukee Co. Gen. Hosp., Disp.-Emergency Unit	(Included in Milwaukee County General Hospital, Wauwatosa)							
Milwaukee Gen. Hosp.●◊■	Gen	Indep	165	87	35	Yes	797	2,336
Milwaukee Hospital "The Passavant"●▲■	Gen	Church	210	186	36	Yes	710	4,959
Misericordia Hospital◊	Gen	Church	110	58	40	No	797	3,024
Mt. Sinai Hospital●◊■	Gen	Indep	140	133	28	Yes	799	4,904
Roger Williams Hospital	Gen	Church	40	26	6	No	62	647
Sacred Heart Sanitarium▲	Gen	Church	230	200	..	No	...	2,536
St. Anthony's Hospital■	Gen	Church	42	New	10	Yes	...	363
St. Joseph's Hosp.●◊■	Gen	Church	325	151	70	No	967	4,706
St. Luke's Hospital●■	Gen	Church	100	45	19	No	348	1,462
St. Mary's Hill Sanit.	N&M	Church	120	97	..	No	...	411
St. Mary's Hospital◊	Gen	Church	226	166	40	Yes	674	5,375
Shorewood Hospital-Sanit.	N&M	Indep	55	33	..	Yes	...	197
South Side Hospital■	Gen	Indep	30	10	10	Yes	64	366
South View Isolation Hospital●■	Iso	City	270	76	..	No	...	882
West Side Hospital■	Gen	Indep	25	11	5	Yes	27	457
Monroe, 5,015—Green Co.								
Evangelical Deaconess Hospital	Gen	Church	30	20	12	No	139	779
Mt. Horeb, 1,425—Dane Co.								
Buckner Hospital	Gen	Indiv	12	4	6	No	42	182

Key to symbols and abbreviations is on page 2078

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Neenah, 9,151—Winnebago Co.								
Theda Clark Mem. Hosp.○■	Gen	Indep	55	45	17	No	284	1,627
New London, 4,661—Waupaca Co.								
Borchardt Clinic and Memorial Hospital	Gen	Indiv	16	10	7	No	14	380
New London Community Hospital	Gen	Church	50	12	8	No	33	227
Niagara, 3,695—Marinette Co.								
Niagara Hospital	Gen	Indus	12	6	4	No	72	120
Oconomowoc, 4,190—Waukesha Co.								
Oconomowoc Health Resort	N&M	Indep	75	56	..	No	...	108
Oconto, 5,459—Oconto Co.								
Oconto Co. and City Hosp.	Gen	Indep	20	12	6	No	56	635
Oconto Falls, 1,921—Oconto Co.								
Oconto Falls Hospital	Gen	Indep	10	4	3	No	32	202
Onalaska, 1,408—La Crosse Co.								
Oak Forest Sanatorium	TB	County	60	50	..	No	...	79
Oshkosh, 40,108—Winnebago Co.								
Mercy Hospital○	Gen	Church	155	75	..	No	...	2,689
St. Mary's Hospital○■	Gen	Church	160	62	25	No	386	948
Park Falls, 3,656—Price Co.								
Park Falls Hospital	Gen	Indiv	25	12	4	No	25	485
Pewaukee, 1,067—Waukesha Co.								
Oak Sanatorium	TB	County	38	35	..	Yes	...	39
Platteville, 4,047—Grant Co.								
Andrew Hospital	Gen	Indiv	15	7	4	No	24	187
Buck Hospital	Gen	Indiv	12	5	4	No	25	75
Wilson Cunningham Hosp.	Gen	Indiv	23	10	7	No	39	292
Plymouth, 5,882—Sheboygan Co.								
Plymouth Hospital	Gen	Indep	30	18	8	No	119	699
Rocky Knoll Sanatorium	TB	County	84	84	..	No	...	102
Portage, 6,508—Columbia Co.								
St. Saviors General Hosp.■	Gen	Church	65	30	7	Yes	102	1,082
Poynette, 672—Columbia Co.								
Poynette Hospital	Gen	Indiv	11	2	2	No	16	131
Prairie du Chien, 3,943—Crawford Co.								
Prairie du Chien Sanitarium-Hospital○	Gen	Indep	70	32	6	No	82	1,100
Prescott, 755—Pierce Co.								
Dr. Louis Jones' Hospital	Gen	Indiv	20	14	4	No	10	74
Pureair, (Bayfield P.O.)—Bayfield Co.								
Pureair Sanatorium○	TB	County	72	68	..	No	...	67
Racine, 67,542—Racine Co.								
St. Luke's Hospital○■	Gen	Church	120	66	38	No	608	3,651
St. Mary's Hospital■	Gen	Church	90	60	22	No	405	3,086
Sunny Rest Sanatorium	TB	County	50	48	..	No	...	54
Rhinelander, 8,019—Oneida Co.								
St. Mary's Hospital■	Gen	Church	65	25	12	No	130	1,178
Rice Lake, 3,177—Barron Co.								
Lakeside Methodist Hosp.■	Gen	Church	33	16	5	No	125	778
St. Joseph's Hospital	Gen	Church	30	10	4	No	44	650
Richland Center, 3,632—Richland Co.								
Richland Hospital	Gen	Indep	40	25	8	No	60	1,500
River Falls, 2,963—Pierce Co.								
City Hospital	Gen	City	14	5	4	No	57	270
Shawano, 4,188—Shawano Co.								
Shawano Municipal Hosp.■	Gen	Cy&Co	31	New	8	No	...	.....
Sheboygan, 30,351—Sheboygan Co.								
St. Nicholas Hospital	Gen	Church	134	79	27	No	352	2,317
Shullsburg, 1,041—Lafayette Co.								
Dr. Ennis' Hospital	Indiv		15	4	2	No	...	114
South Milwaukee, 10,796—Milwaukee Co.								
South Milwaukee Hospital	Gen	Indiv	13	1	7	No	58	367
Sparta, 4,949—Monroe Co.								
St. Mary's Hospital○	Gen	Church	75	50	11	No	108	1,788
Stanley, 1,388—Chippewa Co.								
Victory Hospital	Gen	Indep	16	5	4	No	43	224
Statesan, 90—Waukesha Co.								
Wisconsin State Sanat.✦	TB	State	228	180	..	No	...	246
Stevens Point, 13,623—Portage Co.								
River Pines Sanatorium	Indep		30	43	..	No	...	66
St. Michael's Hospital	Gen	Church	80	48	14	Yes	148	1,287
Stoughton, 4,497—Dane Co.								
Stoughton Community Hospital	Gen	Indep	21	12	8	No	129	450
Sturgeon Bay, 4,985—Door Co.								
Egeland Hospital	Gen	Indiv	25	10	2	No	40	404
Leasum Hospital	Gen	Indiv	15	7	3	No	...	208
Superior, 36,113—Douglas Co.								
Good Samaritan Hospital	Gen	Church	12	8	8	No	133	204
St. Francis Hospital■	Gen	Church	50	30	..	No	...	630
St. Mary's Hospital■	Gen	Church	100	65	18	Yes	302	1,923
Tomahawk, 2,949—Lincoln Co.								
Sacred Heart Hospital■	Gen	Church	48	16	1	No	10	365
Two Rivers, 10,083—Manitowoc Co.								
Two Rivers Municipal Hospital	Gen	City	37	25	10	No	121	950
Washburn, 2,228—Bayfield Co.								
Washburn Hospital	Gen	Indep	14	5	5	Yes	15	153
Watertown, 10,013—Jefferson Co.								
St. Mary's Hospital	Gen	Church	50	34	10	No	187	1,325
Waukesha, 17,176—Waukesha Co.								
The Spa■	Rheu	Indep	75	40	..	No	...	712
Waukesha Municipal Hosp.	Gen	City	60	30	12	No	249	1,877
Waukesha Springs Sanit.	N&M	Indep	40	30	..	No	...	55
Waupaca, 3,131—Waupaca Co.								
Dr. P. J. Christofferson Hospital	Gen	Indiv	10	4	..	No	...	150
Waupun, 5,768—Fond du Lac Co.								
Central State Hospital for Insane	N&M	State	302	260	..	No	...	57
Wausau, 32,758—Marathon Co.								
"Mount View" Marathon Co. Tuberculosis Sanat.○	TB	County	66	63	..	No	...	54
St. Mary's Hospital○	Gen	Church	120	73	18	No	291	3,208
Wausau Memorial Hosp.○	Gen	Indep	95	55	15	No	181	1,841

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Wauwatosa, 21,194—Milwaukee Co.								
Milwaukee Asylum for Chronic Insane	N&M	County	1,429	1,355	..	No	...	23
Milwaukee County General Hospital✦○■▲	Gen	County	1,000	446	50	Yes	636	9,516
Milwaukee Hospital for Mental Diseases	N&M	County	767	763	..	Yes	...	424
Milwaukee Sanitarium✦	N&M	Indep	131	127	..	No	...	138
Muirdale Sanatorium✦■	TB	County	375	379	..	Yes	...	613
West DePere, 4,300—Brown Co.								
Hickory Grove Sanatorium	TB	County	85	75	..	No	...	124
Whitehall, 915—Trempealeau Co.								
Whitehall Community Hospital○	Gen	Indep	30	17	4	No	71	717
Whitelaw, 220—Manitowoc Co.								
Maple Crest Sanatorium■	TB	County	45	37	..	No	...	32
Winnebago, 1,120—Winnebago Co.								
Northern Hospital for the Insane	N&M	State	824	775	..	No	...	429
Sunny View Sanatorium	TB	County	67	59	..	No	...	80
Wisconsin Rapids, 8,726—Wood Co.								
Riverview Hospital	Gen	Indep	36	23	8	No	36	788
Related Institutions								
Antigo, 8,649—Langlade Co.								
Dr. Bloor's Hospital	Gen	Indiv	8	1	2	No	5	24
Appleton, 25,267—Outagamie Co.								
Outagamie County Asylum for Chronic Insane	N&M	County	183	184	..	No	...	15
Beloit, 25,611—Rock Co.								
Beloit Detention Hospital	Iso	City	10	5	..	No	...	11
Chippewa Falls, 9,339—Chippewa Co.								
Chippewa County Chronic Insane Asylum	N&M	County	239	216	..	No	...	66
Northern Wisconsin Colony and Training School	MenDef	State	1,273	1,330	..	No	...	100
Dodgeville, 1,837—Iowa Co.								
Iowa County Insane Asylum	N&M	County	130	126	..	No	...	.....
Dousman, 236—Waukesha Co.								
Wisconsin Masonic Home and O. E. S. Hospital	Inst	Frat	18	12	..	No	...	.....
Eau Claire, 26,287—Eau Claire Co.								
Eau Claire County Insane Asylum	N&M	County	200	185	..	No	...	17
Elkhorn, 2,240—Walworth Co.								
Walworth County Hospital (Nerv. and Mental Unit)	N&M	County	120	115	..	...	...	.....
Ellsworth, 1,124—Pierce Co.								
Ellsworth Hospital	Gen	Indiv	8	4	4	No	56	256
Fond du Lac, 29,449—Fond du Lac Co.								
Fond du Lac County Insane Asylum	N&M	County	245	254	..	No	...	22
Green Bay, 37,415—Brown Co.								
Brown Co. Insane Asylum	N&M	County	165	142	..	No	...	19
Wisconsin State Reformatory Hospital■	Inst	State	24	5	..	No	...	228
Itasca, 315—Douglas Co.								
Douglas County Asylum, Home and Sanatorium	N&M	County	200	202	..	No	...	12
Janesville, 21,628—Rock Co.								
Detention Hospital■	Iso	City	8	...	..	No	...	6
Rock County Hospital	N&M	County	210	195	..	No	...	29
Jefferson, 2,620—Jefferson Co.								
Jefferson County Asylum for Chronic Insane	N&M	County	190	178	..	No	...	7
St. Coletta Institute	MenDef	Church	40	12	..	No	...	.....
Juneau, 1,154—Dodge Co.								
Dodge County Insane Asylum and Poor House	N&M	County	185	167	..	No	...	1
Kewaunee, 2,409—Kewaunee Co.								
Dana and Doctry Hospital	Gen	Part	8	2	2	No	11	.....
Lake Geneva, 3,073—Walworth Co.								
Crane Farms Sanatorium	Conv	Indus	18	8	..	No	...	96
Lake Tomahawk, 60—Oneida Co.								
Lake Tomahawk State Camp for Tuberculous Convalescents■	TB	State	40	39	..	No	...	43
Lancaster, 2,432—Grant Co.								
Godfrey Hospital	Gen	Part	7	4	2	No	...	.....
Grant County Asylum	N&M	County	250	205	..	No	...	25
Madison, 57,899—Dane Co.								
East Washington Hosp.■	Iso	City	30	10	..	No	...	190
Manitowoc, 22,983—Manitowoc Co.								
Manitowoc County Insane Asylum	N&M	County	200	200	..	No	...	.....
Marshfield, 8,778—Wood Co.								
Wood County Asylum for Chronic Insane	N&M	County	215	212	..	No	...	19
Menomonie, 5,285—Dunn Co.								
Dunn County Asylum	N&M	County	140	131	..	No	...	7
Milwaukee, 578,249—Milwaukee Co.								
Layton Home	Ineur	Church	32	32	..	No	...	8
Ogden Hospital	Gen	Indiv	20	...	..	...	...	.....
St. Camillus Hospital and Invalid's Home	Ineur	Church	19	19	..	...	...	16
Veterans Admin. Home■▲	Inst	VetAd	821	689	..	Yes	...	4,089
Mondovi, 623—Buffalo Co.								
Mondovi Hospital	Gen	Indiv	6	2	..	No	...	85
Monroe, 5,015—Green Co.								
Green County Asylum	N&M	County	192	162	..	No	...	8
New Richmond, 2,112—St. Croix Co.								
St. Croix County Asylum for Chronic Insane	N&M	County	160	145	..	Yes	...	.....
Oshkosh, 40,108—Winnebago Co.								
Alexian Brothers Hospital	N&M	Church	85	50	..	No	...	16

Key to symbols and abbreviations is on page 2078

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WISCONSIN—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Owen, 1,102—Clark Co.								
Clark County Asylum	N&M	County	360	250	..	...	...	.....
Peshtigo, 1,579—Marinette Co.								
Marinette County Insane Asylum	N&M	County	194	193	..	No	...	5
Racine, 67,342—Racine Co.								
Lincoln Mem. Hosp. for Communicable Diseases■	Iso	City	54	33	..	No	...	317
Racine County Asylum	N&M	County	232	237	..	No	...	28
Reedsburg, 2,067—Sauk Co.								
Sauk County Asylum	N&M	County	191	172	..	No	...	160
Richland Center, 3,632—Richland Co.								
Richland County Asylum for Chronic Insane	N&M	County	142	117	..	No	...	5
Shawano, 4,188—Shawano Co.								
Shawano Co. Insane Asy.	N&M	County	179	179	..	No	...	7
Sheboygan, 39,251—Sheboygan Co.								
Sheboygan County Asylum	N&M	County	206	202	..	No	...	15
Sparta, 4,049—Monroe Co.								
Monroe Co. Insane Asylum	N&M	County	102	100	..	No	...	5
Superior, 36,113—Douglas Co.								
Isolation Hospital	Iso	City	28	1	..	No	...	56
Taycheedah, 1,465—Fond du Lac Co.								
Wisconsin Industrial Home for Women■	Inst	State	8	1	12	No	12	36
Tomah, 3,354—Monroe Co.								
Tomah Indian School Hosp.	Gen	Indian	15	7	..	No	...	474
Union Grove, 755—Racine Co.								
Southern Wisconsin Colony and Training School	MenDef	State	468	577	..	No	...	106
Verona, 455—Dane Co.								
Dane County Asylum for Chronic Insane	N&M	County	277	250	..	No	...	.....
Viroqua, 2,702—Vernon Co.								
Vernon County Asylum	N&M	County	128	117	..	No	...	11
Wabeno, 2,168—Forest Co.								
Wabeno-Soperton Hosp.■	Gen	Part	10	3	3	No	13	90
Watertown, 10,613—Jefferson Co.								
Bethesda Lutheran Home for Feebleminded and Epileptics	MenDef	Church	360	300	..	No	...	.....
Waukesha, 17,176—Waukesha Co.								
Milwaukee Children's Hosp. Convalescent Home■	Conv	Indep	50	40	..	No	...	116
Waukesha County Asylum for Chronic Insane	N&M	County	216	208	..	No	...	11
Wisconsin Industrial School for Boys■	Inst	State	16	...	..	No	...	.....
Waupun, 5,768—Fond du Lac Co.								
Drs. Clark and Swartz Hospital	Gen	Part	8	5	3	No	25	138
Wisconsin State Prison Hospital■	Inst	State	20	10	..	No	...	.....
Wausau, 23,758—Marathon Co.								
Marathon County Asylum for Chronic Insane	N&M	County	189	192	..	No	...	21
Marathon County Home and Hospital	Inst	County	50	45	..	No	...	.....
Wauwatosa, 21,194—Milwaukee Co.								
Blue Mound Preventorium■	TB	County	116	112	..	Yes	...	.....
Milwaukee County Home for Children	Inst	County	60	54	..	No	...	916
Salvation Army Rescue Home	Mater	Church	50	24	35	No	108	.....
West Bend, 4,760—Washington Co.								
Washington Co. Asylum for Chronic Insane	N&M	County	150	140	..	No	...	12
West Salem, 1,011—La Crosse Co.								
La Crosse County Asylum for Insane	N&M	County	245	236	..	No	...	16
Weyauwega, 1,967—Waupaca Co.								
Waupaca Co. Insane Asylum	N&M	County	150	144	..	No	...	.....
Whitehall, 955—Trempealeau Co.								
Trempealeau Co. Asylum for Chronic Insane	N&M	County	134	116	..	No	...	4
Winnebago, 1,120—Winnebago Co.								
Winnebago County Asylum	N&M	County	237	238	..	No	...	20
Wisconsin Veterans' Home, 117—Waupaca Co.								
Grand Army Home for Veterans	Inst	State	210	165	..	No	...	278
Wyocena, 490—Columbia Co.								
Columbia County Asylum	N&M	County	150	135	..	No	...	9

Summary for Wisconsin:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	160	17,788	12,328	197,205
Related institutions	69	10,519	9,489	8,302
Totals	229	27,807	21,817	205,507
Refused registration	10	395		

WYOMING

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Basin, 993—Big Horn Co.								
Basin Hospital■	Gen	Indep	15	3	2	No	13	95
Wyoming Tuber. Sanat.■	TB	State	33	22	..	No	...	22
Burns, 216—Laramie Co.								
Burns Hospital■	Gen	Part	15	4	5	No	35	155
Casper, 16,619—Natrona Co.								
Memorial Hospital of Natrona County◊■	Gen	County	88	31	12	No	179	1,542
Cheyenne, 17,361—Laramie Co.								
Memorial Hospital of Laramie County◊	Gen	County	132	67	15	No	248	2,380
Douglas, 1,917—Converse Co.								
Douglas Hospital	Gen	Indiv	18	8	4	No	30	316
Evanston, 3,075—Uinta Co.								
Wyoming State Hospital	N&M	State	470	443	..	No	...	84
Ft. Warren, 22—Laramie Co.								
Station Hospital■	Gen	Army	150	49	4	Yes	17	1,624
Ft. Washakie, 62—Fremont Co.								
Shoshone Indian Hospital	Gen	Indian	35	11	2	Yes	27	337
Gebo, 804—Hot Springs Co.								
Gebo Hospital■	Gen	Indep	12	6	3	Yes	15	.....
Hanna, 1,483—Carbon Co.								
Hanna Hospital	Gen	Indus	20	5	3	Yes	...	.....
Jackson, 535—Teton Co.								
St. John's Hospital■	Gen	Church	30	17	4	Yes	32	335
Kemmerer, 1,884—Lincoln Co.								
Lincoln Co. Miners Hosp.■	Gen	Indep	35	11	5	No	25	400
Lander, 1,826—Fremont Co.								
Bishop Randall Hosp.◊■	Gen	Church	20	7	6	No	29	337
Midwest, 2,122—Natrona Co.								
Midwest Hospital	Gen	Indus	25	12	3	No	76	432
Powell, 1,156—Park Co.								
Whitlock Hospital	Gen	Indiv	24	5	5	No	39	329
Rock Springs, 8,440—Sweetwater Co.								
Wyoming General Hosp.◊■	Gen	State	92	45	8	Yes	143	1,860
Sheridan, 8,536—Sheridan Co.								
Sheridan Co. Mem. Hosp.◊■	Gen	County	60	40	12	No	223	1,159
Veterans Admin. Hospital	N&M	VetAd	438	443	..	No		124
Shoshoni, 263—Fremont Co.								
Dr. Jewell's Hosp.tal	Gen	Indiv	11	3	3	No	12	91
Thermopolis, 2,629—Hot Springs Co.								
Hopewell Hospital	Gen	Indep	65	10	10	Yes	...	.....
Wheatland, 1,997—Platte Co.								
Wheatland General Hosp.	Gen	Indep	55	30	7	Yes	79	1,107
Worland, 1,461—Washakie Co.								
Dr. Gray's Hospital	Gen	Indiv	10	3	2	No	76	96
Related Institutions								
Cheyenne, 17,361—Laramie Co.								
Laramie County Isolation Hospital■	Iso	County	6	...	..	No	...	10
Greybull, 1,806—Big Horn Co.								
St. Luke's Hospital	Gen	Indiv	10	3	2	No	25	186
Lander, 1,826—Fremont Co.								
Wyoming State Training School	MenDef	State	168	194	..	No	...	27
Lovell, 1,857—Big Horn Co.								
Lovell Hospital	Gen	Indiv	6	3	2	No	22	172
Thermopolis, 2,629—Hot Springs Co.								
Carter General Hospital	Gen	Indiv	10	...	1	No	...	.....
McGannon Sanitarium	Gen	Indiv	20	...	..	...	...	.....

Summary for Wyoming:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	23	1,833	1,295	13,096
Related institutions	6	220	212	395
Totals	29	2,053	1,507	13,491
Refused registration	2	85		

ALASKA

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Aklak, 228								
U. S. Hosp. for Natives	Gen	Fed	11	5	1	Yes	4	63
Anchorage, 2,277								
Anchorage Base Hospital	Gen	Fed	41	21	6	No	...	.....
Cordova, 980								
Cordova General Hospital■	Gen	Indiv	20	8	4	Yes	17	250
Fairbanks, 2,101								
St. Joseph's Hospital	Gen	Church	40	15	..	...	...	.....
Ft. Yukon, 394								
Hudson Stuck Mem. Hosp.	Gen	Church	30	20	1	Yes	3	.....
Goodhard, 10								
Sitka Hot Springs Hospital and Health Resort	Gen	Indiv	26	10	..	...	...	.....
Haines, 344								
Station Hospital■	Gen	Army	12	5	..	Yes	...	147
Juneau, 4,043								
St. Ann's Hospital	Gen	Church	55	32	8	Yes	...	.....
U. S. Hosp. for Natives	Gen,TB	Fed	53	19	5	Yes	...	.....
Kennecott, 217								
Kennecott Copper Corporation Hospital	Gen	Indus	12	6	2	Yes	4	140
Ketchikan, 3,756								
Ketchikan General Hosp.■	Gen	Church	40	11	8	No	70	900
Nome, 1,213								
Maynard-Columbus Hosp.	Gen	Church	20	15	..	Yes	...	.....
Petersburg, 1,252								
Petersburg General Hosp.■	Gen	City	8	2	2	No	17	82
Point Barrow, 82								
Presbyterian Hospital	Gen	Church	12	10	4	Yes	...	76
Sitka, 1,056								
Alaska Pioneers' Home	Inst	Territ	25	22	..	No	...	52
Tanana, 185								
U. S. Government Hospital	Gen	Fed	20	11	..	Yes	11	89
Wrangell, 948								
Wrangell General Hospital	Gen	Church	20	9	4	...	...	.....

Summary for Alaska:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	17	445	218	1,785

Key to symbols and abbreviations is on page 2078

CANAL ZONE

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Ancon, 1,629								
Gorgas Hospital*	Gen	Fed	866	442	24	Yes	493	11,629
Balboa, 2,199								
Palo Seco Leper Colony*	Leprosy	Fed	105	97	..	No	...	11
Station Hospital	Gen	Army	22	17	..	Yes	...	.....
Corozal, 1,645								
Corozal Hospital*	N&M	Fed	700	626	..	No	...	296
Station Hospital	Gen	Army	50	30	..	Yes	...	.....
Cristobal, 644								
Colon Hospital*	Gen	Fed	130	110	16	Yes	489	4,669
Ft. Randolph (Coco Solo P.O.), 650								
Station Hospital	Gen	Army	12	6	..	Yes	...	.....
Ft. Sherman, 799								
Station Hospital	Gen	Army	27	15	..	Yes	...	.....
France Field, 942								
Station Hospital	Gen	Army	14	8	..	Yes	...	.....
Gatun, 2,338								
Station Hospital	Gen	Army	60	45	..	Yes	...	.....

Summary for Canal Zone:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	10	1,966	1,396	16,605

GUAM

Agana,—								
Susana Hosp. for Natives	(Included in U. S. Naval Hospital)							
U. S. Naval Hospital*	Gen	Navy	120	104	..	Yes	90	2,777

Summary for Guam:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	1	120	104	2,777

HAWAII

Aiea, 3,021—Honolulu Co.								
Aiea Hospital	Gen	Indus	26	15	4	Yes	...	708
Lleele, 3,212—Kauai Co.								
McBryde Sugar Co. Hosp.	Gen	Indus	37	29	2	Yes	...	.....
Hilo, 10,468—Hawaii Co.								
Hilo Memorial Hospital*	Gen	County	86	73	6	No	85	1,164
Puumaile Home for Tuber.	TB	Territ	100	77	..	No	...	.....
Honokaa, 1,069—Hawaii Co.								
Honokaa Sugar Company and Pacific Sugar Mill Plantation Hospital	Indus	Indus	25	10	..	Yes	...	.....
Honolulu, 137,582—Honolulu Co.								
Japanese Hospital	Gen	Indep	120	76	..	No	...	.....
Kalihi Receiving Station	Leprosy	Territ	200	145	..	Yes	...	.....
Kapiolani Maternity Home and Gynecelogy Hospital	Mater	Indep	50	30	..	...	...	.....
Kaukeolani Children's Hospital	Chil	Indep	60	33	..	Yes	...	1,413
Leahi Home	TB	Indep	440	360	..	Yes	...	345
Queen's Hospital*▲	Gen	Indep	284	170	16	No	388	6,478
St. Francis Hospital*	Gen	Church	45	33	12	No	72	1,154
Shriners Hospital for Crippled Children*	Ortho	Frat	28	25	..	Yes	...	47
Tripler General Hosp.*▲	Gen	Army	350	164	10	Yes	88	2,974
Kahuku, 1,505—Honolulu Co.								
Kahuku Plantation Company's Hospital	Indus	Indus	25	15	..	Yes	...	.....
Kalaupapa,—Kalawao Co.								
Kalaupapa Hospital	Leprosy	Territ	48	18	12	Yes	15	353
Kaneohe, 112—Honolulu Co.								
Territorial Hospital*	N&M	Territ	600	602	..	No	...	267
Kealakekua, 350—Hawaii Co.								
Kona County Hospital	Gen	County	28	15	3	No	30	280
Kealia, 1,609—Kauai Co.								
Kealia Hospital	Gen	Indus	25	14	3	Yes	14	316
Samuel Mahelona Memorial Hospital*	TB	County	150	95	..	Yes	...	111
Kilauea, 1,222—Kauai Co.								
Kilauea Sugar Plantation Hospital	Gen	Indus	25	9	3	Yes	30	270
Kohala, 720—Hawaii Co.								
Kohala Hospital	Gen	County	34	14	2	No	...	.....
Koloa, 726—Kauai Co.								
Koloa Sugar Co. Hospital	Gen	Indus	31	16	3	Yes	...	.....
Kula, (Waiakoa P.O.)—Maui Co.								
Maui County Farm and Sanitarium	TB	County	200	188	2	Yes	...	.....
Lahaina, 2,730—Maui Co.								
Pioneer Mill Company's Hospital*	Gen	Indus	56	44	9	Yes	92	1,585
Lihue, 2,200—Kauai Co.								
Lihue Hospital	Gen	Indus	45	24	6	Yes	...	.....
Makaweli, 974—Kauai Co.								
Makaweli Hospital*	Gen	Indus	28	19	2	Yes	15	480
Olaa, 597—Hawaii Co.								
Olaa Hospital	Indus	Indus	30	11	..	Yes	...	.....
Ookala, 526—Hawaii Co.								
Ookala Hospital	Indus	Indus	8	5	..	...	...	.....
Paauhau, 536—Hawaii Co.								
Paauhau Plantation Co. Ltd. Hospital	Indus	Indus	15	7	..	Yes	...	.....
Paauilo, 1,823—Hawaii Co.								
Paauilo Hospital*	Indus	Indus	12	5	..	Yes	...	120
Pahala, 290—Hawaii Co.								
Pahala Hospital*	Indus	Indus	19	16	6	Yes	...	605

HAWAII—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Pearl City, 1,071—Honolulu Co.								
Waimano Home for Feebleminded Persons	MenDef	Territ	194	154	..	No	...	.....
Pearl Harbor, 200—Honolulu Co.								
U. S. Naval Hospital*	Gen	Navy	238	89	..	Yes	...	936
Pepeekeo, 320—Hawaii Co.								
Pepeekeo Hospital	Indus	Indus	33	16	..	...	...	.....
Pukoo, 50—Maui Co.								
Unapue Hospital	Gen	County	20	5	2	Yes	...	.....
Puunene, 4,080—Maui Co.								
Puunene Hospital*	Gen	Indus	100	60	8	Yes	147	2,007
Schofield Barracks, 4,250—Honolulu Co.								
Station Hospital	Gen	Army	380	170	12	Yes	...	.....
Wailalua, 4,511—Honolulu Co.								
Wailalua Hospital	Gen	Indus	36	20	2	Yes	...	.....
Walluku, 6,998—Maui Co.								
Maunlani Hospital*	Gen	County	72	41	8	No	81	198
Waiohinu, 100—Hawaii Co.								
Kauhane Memorial Hosp.*	Gen	County	20	5	2	No	5	188
Waipahu, 5,874—Honolulu Co.								
Oahu Sugar Company Ltd. Hospital*	Gen	Indus	55	35	6	Yes	28	1,086

Summary for Hawaii:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	42	4,338	2,932	24,693

PHILIPPINE ISLANDS

Bacolod, 19,350—Negros Occidental Co.								
Maternity and Children's Hosp. of the Las Amigas de la Infancia	Mater	Indep	17	4	18	Yes	...	.....
Occidental Negros Provincial Hospital	Gen	Gov't	55	36	8	Yes	13	1,237
Baguio, 5,864—Benguet Co.								
Baguio Hospital§	Gen	Gov't	67	36	..	Yes	...	.....
Station Hospital	Gen	Army	50	22	..	Yes	45	317
Barili, 33,481—Cebu Co.								
Hospicio de San Jose	Incur	Gov't	25	7	..	No	...	.....
Batangas, 41,187—Batangas Co.								
Batangas Provincial Hospital*	Gen	Gov't	30	22	..	Yes	20	670
Bayombong, 5,385—Nueva Vizcaya Co.								
Bayombong Hospital	Gen	Gov't	20	10	..	Yes	...	.....
Binalbagan, 8,897—Occidental Negros Co.								
Binalbagan Estate Hosp.	Indus	Indus	10	...	...	...	...	.....
Bontoc, 609—Mountain Co.								
Bontoc Hospital	Gen	Gov't	25	23	..	Yes	...	.....
Butuan, 9,720—Agusan Co.								
Butuan Public Hospital	Gen	Gov't	14	13	..	Yes	...	.....
Cadiz, 21,730—Occidental Negros Co.								
Negros Philippine Lumber Company Hospital	Indus	Indus	12	5	..	Yes	...	.....
Cagayan, 28,164—Misamis Oriental Co.								
Cagayan Mission Hosp.*	Gen	Church	60	15	6	Yes	19	550
Misamis Oriental Provincial Hospital	Gen	Gov't	24	15	2	Yes	50	583
Calamba, 18,962—Laguna Co.								
Calamba Sugar Estate Hospital	Indus	Indus	24	20	..	...	36	.....
Calivo, 13,085—Capiz Co.								
Capiz Provincial Hospital	Gen	Gov't	30	20	..	No	5	525
Capiz, 23,096—Capiz Co.								
Emmanuel Hospital§	Gen	Church	65	36	5	Yes	30	1,602
Cavite, 22,163—Cavite Co.								
Station Hospital*	Gen	Army	150	72	5	Yes	172	2,192
U. S. Naval Hospital	Gen	Navy	150	104	..	Yes	...	.....
Cebu, 65,260—Cebu Co.								
Cebu Maternity House	Mater	Indep	18	11	20	Yes	471	544
Chong Hou Chinese Hosp.	Gen	Indep	22	12	..	No	...	.....
Southern Islands Hospital§	Gen	Fed	94	83	..	Yes	83	2,748
Cotabato, 410—Cotabato Co.								
Cotabato Public Hospital	Gen	Gov't	50	23	..	Yes	...	.....
Culion, 4,868—Palawan Co.								
Culion Leper Colony	Leprosy	Gov't	500	500	..	Yes	...	.....
Culion Leper Colony	Gen	Gov't	542	520	12	Yes	50	2,762
Cuyo, 14,696—Palawan Co.								
Cuyo Hospital	Gen	Gov't	20	7	..	Yes	...	.....
Dagupan, 22,612—Pangasinan Co.								
Pangasinan Provincial Hospital	Gen	Gov't	50	51	..	Yes	...	.....
Dansalan, 5,088—Lanao Co.								
Lanao Public Hospital	Gen	Gov't	50	35	..	Yes	...	.....
Dapitan, 12,865—Zamboanga Co.								
Rizal Memorial Hospital	Gen	Gov't	50	7	..	Yes	...	.....
Davao, 13,696—Davao Co.								
Davao Mission Hospital	Gen	Church	50	40	..	Yes	...	.....
Davao Public Hospital	Gen	Gov't	58	44	..	Yes	...	.....
Del Carmen,—Pampanga Co.								
Del Carmen Hospital	Gen	Indus	35	10	3	Yes	16	513
Dipolog, 15,982—Zamboanga Co.								
Dipolog Emergency Hosp.	Gen	Gov't	12	6	..	Yes	...	.....
Dumaguete, 6,227—Oriental Negros Co.								
Dumaguete Mission Hosp.	Gen	Church	50	27	5	Yes	32	1,088
Ft. Stotsenburg,—Pampanga Co.								
Station Hospital	Gen	Army	70	35	4	Yes	...	.....
Guadalupe,—Rizal Co.								
Station Hospital	Gen	Army	230	78	..	Yes	...	.....
Guinayangan, 4,055—Tayabas Co.								
Filipinas Lumber Co. Hosp.	Indus	Indus	10	7	..	No	...	214

Key to symbols and abbreviations is on page 2078

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PHILIPPINE ISLANDS—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Iloilo, 49,114—Iloilo Co.								
Iloilo Emergency Hospital	Iso	Gov't	40	...	..	Yes	...	.....
Iloilo Mission Hospital◊■	Gen	Church	86	62	6	Yes	68	1,857
St. Paul's Mission Hosp.	Gen	Church	100	....	..	...	...	.....
Isabela, 2,281—Zamboanga Co.								
Basilan Lumber Hospital	Indus	Indus	24	5	..	Yes	...	102
Jolo, 5,796—Sulu Co.								
Sulu Public Hospital	Gen	Gov't	40	16	..	Yes	...	.....
Kiangan, 276—Ifugao Co.								
Kiangan Hospital	Gen	Gov't	15	12	..	Yes	...	.....
Kolambugan, 1,260—Lanao Co.								
Kolambugan Hospital	Gen	Indus	15	20	2	Yes	...	.....
Laoag, 38,869—Ilocos Norte Co.								
Sallie Long Read Memorial Hospital	Gen	Church	40	10	2	Yes	13	371
Legaspi, 52,756—Albay Co.								
Albay Provincial Hospital	Gen	Gov't	55	...	7	Yes	35	.....
Milwaukee Hospital■	Gen	Church	45	9	6	Yes	14	175
Los Banos, 6,335—Laguna Co.								
Station Hospital	Gen	Army	75	30	..	Yes	...	.....
Lubuagan, 226—Kalinga Co.								
Lubuagan Public Hospital	Gen	Gov't	10	5	..	Yes	...	.....
Lucena, 11,939—Tayabas Co.								
Tayabas Provincial Hosp.	Gen	Gov't	70	55	4	Yes	33	2,281
Malaybalay, 9,808—Bukidnon Co.								
Bukidnon Hospital	Gen	Gov't	10	8	1	Yes	2	204
Mandaue, 21,464—Cebu Co.								
Eversley Childs Treatment Station■	Leprosy	Gov't	680	384	..	No	...	279
Manila, 285,306—Rizal Co.								
Bilibid Hospital▲	Inst	Gov't	300	285	..	No	...	4,500
Chinese Hospital◊	Gen	Indep	70	25	..	...	...	.....
Hospital de San Juan de Dios◊	Gen	Church	236	214	20	Yes	...	.....
Mary Chiles Hospital◊	Gen	Church	100	62	..	Yes	...	.....
Mary J. Johnston Memorial Hospital◊■	Gen	Church	77	75	34	Yes	550	1,225
Philippine General Hosp.●◊	Gen	Gov't	596	482	52	Yes	2,554	15,518
St. Joseph's Hospital	Gen	Indiv	75	3	14	Yes	65	.....
St. Luke's Hospital◊■	Gen	Church	117	82	13	Yes	110	2,570
St. Paul's Hospital◊	Gen	Church	140	65	12	Yes	...	1,940
St. Theresita's Hospital	Gen	Indiv	65	20	12	Yes	235	.....
San Lazaro Hospital	Gen Iso	Gov't	1,028	984	..	Yes	...	.....
Sternberg General Hosp.■▲	Gen	Army	300	194	9	Yes	33	3,664
Margosatubig,—Zamboanga Co.								
Margosatubig Hospital	Gen	Gov't	18	6	..	Yes	...	.....
Mati, 6,440—Davao Co.								
Mati Emergency Hospital	Gen	Gov't	6	1	..	Yes	...	43
Mintal,—Davao Co.								
Obita Development Company Hospital	Indus	Indus	60	37	..	Yes	...	.....
Naga,—Camarines Sur Co.								
Naga Hospital	Gen	Gov't	22	10	..	Yes	...	.....
Olongapo, 1,443—Zambales Co.								
Cannuilla Simpson Hosp.	Gen	Indep	70	25	..	Yes	...	.....
Puerto Princesa, 5,827—Palawan Co.								
Puerto Princesa Hospital	Gen	Gov't	16	6	..	Yes	...	.....
Sagada, 167—Mountain Co.								
Sagada Mission Dispensary and Hospital	Gen	Church	10	2	..	Yes	2	.....
San Fernando, 19,885—La Union Co.								
Mission Hospital	Gen	Church	34	28	4	Yes	...	.....
Pampanga Emergency Hospital	Gen	Gov't	12	7	..	Yes	...	.....
San Juan del Monte, 3,145—Rizal Co.								
Manila Heights Hospital	Gen	Indiv	100	35	..	...	...	.....
San Pablo, 31,214—Laguna Co.								
San Pablo Hospital	Gen	City	20	15	..	No	...	.....
San Pedro, 4,184—Rizal Co.								
City Sanatorium of the City of Manila	N&M	City	270	220	..	No	...	.....
Hospital Espanol de Santiago	Iso	Indep	16	...	..	...	...	.....
San Roque,—Cavite Co.								
San Ramon Maternity and Children's Hospital	Mater	Indiv	14	5	10	Yes	50	96
Santa Cruz, 14,351—Laguna Co.								
Laguna Provincial Hosp.	Gen	Gov't	35	17	..	Yes	...	.....
Santol,—Rizal Co.								
Santol Tuberculosis Sanat.	TB	Indep	229	175	..	Yes	...	.....
Tacloban, 15,478—Leyte Co.								
Bethany Hospital	Gen	Church	32	10	2	Yes	17	574
Leyte Provincial Hospital	Gen	Gov't	30	16	..	Yes	24	419
Tagbilaran, 12,590—Bohol Co.								
Bohol Provincial Hospital	Gen	Gov't	8	5	1	Yes	4	.....
Presbyterian Mission Hosp.	Gen	Church	25	9	2	Yes	...	879
Tarlac, 9,886—Tarlac Co.								
Tarlac Provincial Hospital	Gen	Gov't	30	27	..	Yes	...	.....
Vigan, 17,564—Ilocos Sur Co.								
Ilocos Sur Provincial Hospital	Gen	Gov't	8	3	..	Yes	...	183
Philippine Christian Institute Hospital	Gen	Church	30	11	5	Yes	31	474
Zamboanga, 30,708—Zamboanga Co.								
Brent Hospital	Gen	Church	35	24	9	No	14	871
San Ramon Prison Hosp.	Inst	Gov't	20	...	...	...	...	.....
Station Hospital	Gen	Army	26	5	..	Yes	...	.....
Zamboanga General Hosp.◊	Gen	Gov't	80	62	10	Yes	...	.....

Summary for Philippine Islands:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	90	8,540	5,914	53,734

PORTO RICO

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
Aguadilla, 10,952—Aguadilla Co.								
Hospital Municipal	Gen	City	24	20	4	Yes	...	.....
Anasco, 5,064—Aguadilla Co.								
Municipal Hospital■	Gen	City	16	1	2	Yes	54	321
Arecibo, 12,863—Arecibo Co.								
Clinica de Arecibo	Gen	Indiv	10	4	..	...	...	.....
Bayamon, 12,986—San Juan Co.								
Hospital Municipal de Bayamon	Gen	City	50	40	..	...	...	.....
Cabo Rojo, 4,695—Mayaguez Co.								
Hospital Municipal	Gen	City	16	12	..	No	...	.....
Canovanas,—Humacoa Co.								
Hosp. Municipal de Lurza	Gen	City	14	11	3	No	...	.....
Cayey, 5,565—Guayama Co.								
Clinica Dr. Villeneuve	Gen	Indiv	18	8	6	No	...	.....
Fajardo, 7,322—Humacao Co.								
Luis Manuel Cintron Hosp.	Gen	Cy&Co	34	30	..	Yes	...	.....
Gurabo, 3,468—Humacao Co.								
Hospital Municipal de Gurabo■	Gen	City	20	20	2	Yes	38	482
Humacao, 7,937—Humacao Co.								
Ryder Memorial Hospital■	Gen	Church	48	31	5	Yes	82	1,333
Juncos, 5,297—Humacao Co.								
Hospital Municipal	Gen	City	20	15	..	Yes	...	.....
Lares, 3,949—Aguadilla Co.								
"Clinica San Jose"	Gen	Part	10	6	..	Yes	...	.....
Hospital Municipal de Lares■	Gen	City	18	15	2	Yes	38	187
Las Piedras, 1,355—Humacao Co.								
Las Piedras Municipal Hospital	Gen	City	16	8	..	Yes	...	.....
Manati, 7,449—Arecibo Co.								
Hospital Municipal Manati	Gen	City	25	20	..	Yes	...	.....
Maunabo, 1,417—Guayama Co.								
Hospital "San Lucas"	Gen	City	20	9	..	No	...	.....
Mayaguez, 37,060—Mayaguez Co.								
Mayaguez and Western Policlinic	Gen	Indiv	30	27	..	...	...	.....
Mayaguez Sanatorium	Gen	Part	30	20	..	Yes	...	.....
Naguabo, 4,087—Humacao Co.								
Hospital Municipal de Naguabo	Gen	City	15	6	..	Yes	...	.....
Ponce, 53,430—Ponce Co.								
St. Luke's Mem. Hosp.	Gen	.....	75	40	..	...	...	.....
Santo Asilo de Damas Hospital	Gen	Church	110	60	..	Yes	...	.....
Trieche Municipal Hosp.	Gen	City	100	75	..	Yes	...	.....
Quebradillas, 1,755—Aguadilla Co.								
Hospital Municipal de Quebradillas	Gen	City	8	...	..	Yes	...	.....
Rio Piedras, 13,468—San Juan Co.								
Psychiatric Hospital of Puerto Rico■	N&M	Gov't	1,000	831	..	No	...	375
Sanatorio de La Sociedad Espanola de Auxilio Mutuo y Beneficencia de Puerto Rico	Gen	Indep	160	81	20	Yes	59	1,481
Salinas, 2,252—Guayama Co.								
Hospital de Salinas	Gen	City	60	20	6	Yes	...	.....
San Juan, 114,715—San Juan Co.								
Hospital de la Penitentiaria	Inst	Gov't	38	20	20	...	...	.....
Hospital de Maternidad y Ninos	Mater	City	35	35	..	Yes	...	.....
Hospital Municipal	Gen	City	100	70	..	Yes	...	.....
Insular Leper Colony	Leprosy	.....	40	...	..	...	...	.....
Porto Rico Sanatorium	Gen	.....	16	6	..	...	...	.....
Post Hospital	Gen	Army	100	60	..	Yes	...	.....
Presbyterian Hospital✚	Gen	Church	63	67	7	Yes	...	.....
Quarantine Hospital	Iso	State	40	...	..	Yes	...	.....
University Hosp. of the Sch. of Tropical Medicine✚	Gen	Indep	48	20	2	Yes	...	327
Santurce,—San Juan Co.								
Santa Rosa Clinic	Gen	Indep	15	8	2	Yes	...	.....
Utuado, 4,758—Arecibo Co.								
Hosp. Municipal Catalina Figueras, In Memoriam	Gen	City	26	15	2	Yes	...	.....
Vega-Baja, 4,784—Arecibo Co.								
Vega-Baja Municipal Hospital■	Gen	City	38	25	2	Yes	10	234
Yabucoa, 3,841—Humacao Co.								
Yabucoa City Hospital■	Gen	City	24	12	2	Yes	12	447
Yauco, 8,607—Mayaguez Co.								
Clinica "El Amparo"■	Gen	Indiv	18	2	1	Yes	5	43

Summary for Porto Rico:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	40	2,554	1,750	5,250

VIRGIN ISLANDS

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Average Patients	Bassinets	Outpatient Department	Total Births	Patients Admitted
St. Thomas, 7,020—St. Thomas Island								
Municipal Hospital	Gen	City	106	64	12	Yes	...	.....
U. S. Naval Hospital	Gen	Navy	22	...	..	...	...	.....

Summary for Virgin Islands:	Number	Beds	Average Patients	Patients Admitted
Hospitals, sanatoriums and related institutions	2	128	64	.....

Key to symbols and abbreviations is on page 2078

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

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SATURDAY, JUNE 11, 1932

HOSPITAL SERVICE IN THE UNITED STATES

In 1873 there were apparently in the United States 178 hospitals with a total capacity of 35,604 beds. Today there are 6,613 hospitals with a total capacity of almost a million beds. The development of hospitals has been one of the most astounding growths witnessed in this country of astounding expansions. It represents, no doubt, the reply of scientific medicine and its correlated professions to the demand of an intelligent public for the best type of medical care.

Today, as revealed by the exceptionally complete report presented in this issue of THE JOURNAL, there are numerous varieties of hospitals from the points of view of management, ownership, facilities and many other aspects. The federal government has gone into the hospital business in a big way. The individual states have increased their hospital capacity in five years by more than 60,000 beds. The county hospitals have increased by 28 in number and by 15,000 beds. The city hospitals care for more patients than in 1929. Moreover, there are church hospitals, fraternal hospitals, industrial hospitals, individual and partnership hospitals, and hospitals conducted by independent associations. There are vast numbers of general hospitals, indeed, about two thirds of the total number; but there are also large numbers of hospitals for nervous and mental disease, for tuberculosis, for infectious disease and for children, for eye, ear, nose and throat, and for orthopedics. Then, too, there are convalescent and rest hospitals and industrial hospitals. These institutions are in general conducted on an exceedingly high plane. Practically every hospital of any standing whatever has its laboratory work supervised by competent physician pathologists, and more than 75 per cent of all hospitals have good x-ray departments. There was a time when a relatively small number of physicians made use of hospital facilities. There are today approximately 150,000 physicians in the United States, and more than 116,000 have hospital connections. Moreover, hospitals have inclined toward recognition as medical centers. There are almost a thousand hospitals which report that physicians see their private patients in the hospital and that they have offices or office hours in the hospital.

The careful survey made by the Council on Medical Education and Hospitals of the American Medical Association yields the names of 490 institutions which have not been admitted to the list because of alleged unethical or criminal practices, or because of admission to their staffs of members not qualified, or because of forms of practice so flagrantly beyond the principles of fair conduct that they could not be admitted to such a list or for other valid reasons. In the 490 institutions barred from recognition there are about 15,000 beds. On page 2077 of this issue of THE JOURNAL appear the essentials of a registered hospital. The careful reader will find here promulgation of a standard that has been largely responsible for bringing the hospitals of this country to their present high state.

The hospital privately owned and operated for profit has come upon sad days. The increasing cost of care for difficult or surgical cases, due to the development of modern scientific methods and the requirement of extensive personnel, has made hospitals increasingly dependent on endowment. Bed costs per day have risen from a dollar or two to four and five or even ten dollars per day in some institutions. Thus hospitals operated for profit continue to decline in number rapidly. Five years ago such institutions made available 39,118 beds; now they offer only 36,764 beds. Moreover, the average number of patients cared for dropped from 21,779 to 17,912; with such a decrease the number of individual and partnership hospitals is likely to be still further diminished during the present financial emergency.

It is no secret that, except for the charity hospitals of this country and those conducted by various governmental agencies, the hospitals of the country are suffering because of the lack of occupancy of many beds. Indeed, government hospitals may be classified in the charity group, because they occasionally accept fees or give free care to many a patient well able to pay. Some private hospitals are less than half occupied. A general average would indicate 40 per cent empty beds in most private institutions. Since such institutions are largely dependent on endowment and donations as well as on the fees coming from patients, their situation is today a serious one. The people of this country built these hospitals to meet their needs and, in many instances, have made notable sacrifices to maintain them. It would be pitiful indeed if these institutions were allowed to disappear in this time of emergency when any means could be found for maintaining them through what has been called our "predicament." Because of the emergency there has been increasing call on the facilities of federal, state, county and municipal hospitals. Many of them have been filled to the

capacity of their equipment. Under these circumstances cries have come from the bureaucrats, big and little, for increased funds to be raised by taxation or by the issuing of bonds for the enlargement of such institutions. The people of our country must well consider whether it would not be for the greater good to apply available federal, state, county and municipal funds to the utilization of the vacant beds in private institutions.

THE HISTAMINE FACTOR IN ANAPHYLAXIS

The well defined differences in the anaphylactic syndrome in different species of animals suggests the necessity of developing various antianaphylactic therapies. This, however, would not be necessary if it could be shown that the experimental symptomatologies are but quantitative variants of the same basic clinical picture. Numerous experimenters have attempted to establish this basic unity. It has been suggested, for example, that the exceptionally high development of the bronchial musculature in the guinea-pig is the reason why anaphylaxis in this animal is of the asthmatic type. The unusually developed musculature of the hepatic veins of dogs is suggested as a reason why canine anaphylaxis is of the splanchnic-congestive type. Other experimenters have emphasized basic factors in the capillary endothelium and in the circulating blood.

A convincing contribution to this theory of clinical anaphylaxis is contained in Watanabe's [1] recent quantitative determinations of the comparative topographic distribution of histamine-like substances in the organs of different animal species, and the variations in this distribution as a result of specific sensitization and specific protein shock. Alcohol-soluble, histamine-like "tissue hormones" were extracted from the organs and titrated by means of the isolated guinea-pig intestine, the titrations being recorded in terms of histamine equivalents. Watanabe reports that normal guinea-pig lungs contain the equivalent of 14.2 mg. of extractable histamine per kilogram. Normal guinea-pig liver, however, is relatively "histamine" free, yielding but 1.3 mg. per kilogram. As a result of specific sensitization (horse serum) the alcohol-extractable, histamine-like factor of the lungs increases fivefold by the twelfth to the twentieth day after injection of the sensitizing dose, but there is no parallel increase in the "histamine" content of the liver. In normal dogs, Watanabe reports the physiologic equivalent of 22.5 mg. of histamine per kilogram of pulmonary weight, with twice this amount, or 44.7 mg., in the liver. As a result of sensitization, the canine lung "histamine" is not increased. The canine liver "histamine," however, is doubled (the eighteenth to twentieth day average being 80 mg.).

The anaphylactic reaction in both animal species is accompanied by an explosive reduction in this excessive tissue "histamine." In guinea-pig lungs, for example, the extractable "histamine" falls from its sensitivity level (73 mg.) to 3 mg. per kilogram. This apparent pulmonary release of "tissue hormone" into the blood stream is sufficient to maintain the liver "histamine" at its preshock level (1.3 mg.). In dogs, the explosive release reduces the liver "histamine" from 80 mg. to 20 mg. The 60 mg. presumably given off into the blood stream is apparently sufficient to raise the pulmonary "histamine" from 20 mg. to 30 mg. per kilogram. Similar though less pronounced secondary rises are noted in the spleen and the myocardium. The large amount of histamine-like substance released from the hypersensitive hepatic parenchyma of dogs, and the absence of this release in guinea-pigs, may well account for the different symptomatologies in the two species.

That the liberation of a histamine-like tissue factor either from the lungs or from the liver is not an essential part of the anaphylactic reaction, however, is indicated by the rapid decrease in the "histamine" excess in guinea-pig lungs after the twentieth day of sensitization. By the seventieth day the "histamine" has fallen to its presensitivity level. Little reduction, however, has yet taken place in protein sensitivity. Analogous assays, however, have not yet been reported for experiments on dogs.

There is, of course, nothing new in thus regarding "explosive histaminemia" as a secondary or nonessential anaphylactic phenomenon. Perfusions, transfusions and organ transplantations in dogs have already led American investigators [2] to the same conclusion. Nevertheless, Watanabe's biochemical assays are a distinct contribution to anaphylactic study.

THE VETERAN AND THE HOSPITAL

Our federal hospitals have today a total capacity of 69,170 beds and 391 bassinets. Of these, the hospitals of the Veterans' Administration have a total capacity of 28,454 beds. These institutions are located, as will be seen from the report on page 2064 in this issue of THE JOURNAL, in various parts of the United States. There are thirteen states which do not have any veterans' hospitals. As is stated in our editorial on hospitals, the number of vacant beds in private institutions is cause for great concern to all those associated with the maintenance of these hospitals. Previous editorials in THE JOURNAL have indicated the desirability that these beds be utilized by the Veterans' Administration for the care of veterans who are awaiting admission to its hospitals, and particularly for the care of general medical and surgical cases with a view to making available in veterans' hospitals beds for tuberculous and psychiatric cases.

The medical profession of this country does not yield to any other group in its desire to see that those

1. Watanabe, K.: Ztschr. f. Immunitätsforsch. **69**: 117, 1930; **72**: 50, 57, **73**: 149, 1931.

2. Manwaring, W. H., and others: J. Immunology **10**: 567, 575 (May) 1925.

who gave of their best to our country in its time of need receive the best type of medical care in their time of illness and distress. The reputation of the medical profession so far as concerns proper medical care of the poor has been established through many centuries of practice. Never has the physician hesitated to give ungrudgingly of his time and of his skill for those in need. Obviously, he would hesitate still less if called on to care for any one who had served the country in military or naval warfare. Nevertheless, it has been argued that the desire of the physician to have the Veterans' Administration use the available beds in civilian hospitals and the available services of private physicians is animated primarily by a pecuniary motive. The insinuation is intolerable because based on a misunderstanding of the motivation and particularly because it comes from those who must themselves benefit both in money and in prestige by a maintenance of the present situation. The medical profession of this country has given intensive study to the question of the provision of the best type of medical care, not only for the veteran but also for our citizenry in general. It is the opinion of the vast majority of physicians that the best type of medical care in 90 per cent of the illnesses that afflict mankind is to be had at the hands of the family physician and preferably in an institution in the community in which the sick man or his family resides. Certainly, it would seem to be well within reason that the Veterans' Administration realize the importance of this observation and that it arrange so far as general medical and surgical cases are concerned to provide the veteran in his hour of need with this type of medical care. Every one realizes the desirability of institutional care for the tuberculous and the psychiatric patient.

The defense of officials of the Veterans' Administration to the arguments here set forth has seemed inadequate to all who are familiar with the situation. It has been argued that private physicians and private hospitals exploit the veteran and that the funds necessary for such private care are beyond those necessitated by care in a veterans' hospital. Opposed to this argument is the fact that the veteran in a veterans' hospital is far removed from his home, so that the extra cost of transportation and of maintenance during transportation must be assessed in the total cost of care. Next, the veteran when he enters a veterans' hospital at once receives a total disability allowance approximating $80 a month and is kept in a veterans' hospital for a number of days beyond that required when similar cases are cared for in private institutions. Incidentally, a Civil War veteran or a Spanish-American War veteran has his compensation reduced when he enters a veterans' hospital. Here is a matter for early adjustment by Congress! Finally, even if the costs of private medical care should be shown by proper investigation to be slightly beyond those of care in a veterans' hospital, the advantages of private care in maintaining self respect, in preventing pauperization and particularly in holding together homes which are otherwise subject to dissolution are not to be weighed in dollars and cents.

The American Medical Association, through its Committee on Legislative Activity, its Board of Trustees and its officers, has endeavored to give earnest cooperation to the American Legion in reaching a mutual aim; namely, proper medical care for every veteran meriting that care. The conferences that have been held by the representatives of the American Legion, representatives of the Association and, more recently, of the Veterans' Administration, lead to the opinion that such a solution must come and it is good to know that the conferences are to be continued in the future. Moreover, legislation before Congress indicates a desire on the part of the government to restudy the situation and to work out a uniform plan that will be for the best interest not only of the veterans but also of the people and of the medical profession and hospitals of this country.

Current Comment

ALCOHOL IN NORMAL TISSUES

Physiologic chemistry deals in part with the chemical reactions that occur in the body in connection with the digestion of food, oxidations, metabolism and detoxication. For all these processes type equations can be written which, experience has shown, represent the main trend of the reactions. It is recognized, however, that the main biochemical transformations are generally accompanied by side reactions, which may at times assume considerable importance. Recent evidence bearing on this point has been furnished by Gettler and his co-workers,[1] who succeeded in isolating pure anhydrous ethyl alcohol from human and animal tissues. The aqueous suspension of ground tissue or of blood was distilled with steam, and the alcohol together with organic acids, bases and other volatile compounds was collected in the distillate. The recovery of the alcohol from the highly diluted solution thus obtained required the construction of special distillation flasks, condensers and rectifier, the use of which resulted after "a single distillation of a few drops of very high proof alcohol, b. p. 78 to 79°." This was dried, redistilled and finally fractionated, the contaminating compounds being removed during the procedure. The boiling point and percentage of carbon as well as the constants of two esters formed from the alcohol proved that the material was ethyl alcohol. Special care was taken to be sure that no alcohol had been used within two weeks of the time when the human tissues were taken. The quantity obtained from human brain was 0.0004 per cent, from human liver 0.0026 per cent, from human blood 0.004 per cent, and from the dog's brain, liver and blood 0.003 per cent, 0.0007 per cent and 0.0013 per cent,

1. Gettler, A. O.; Niederl, J. B., and Benedetti-Pilcher, A. A.: J. Am. Chem. A. **54**: 1476, 1932.

respectively. These studies illustrate again the possibility of securing unsuspected information when suitable methods become available. They also emphasize the intimate, normal association of alcohol with man's vital activities.

Association News

MEDICAL BROADCAST FOR THE WEEK

American Medical Association Health Talks

The American Medical Association broadcasts on Monday and Wednesday from 1:30 to 1:35 p. m. over Station WBBM (770 kilocycles, or 389.4 meters) of the Columbia Broadcasting System. The Columbia Chain Program has been discontinued for the present.

The program for the week is as follows:

June 13. How Sick Are You?
June 15. Worthwhile Week-Ends.

There is also a fifteen minute talk sponsored by the Association on Saturday from 11:15 to 11:30 a. m., over Station WBBM.

The program for the week is as follows:

June 18. Goiter.

This schedule is based on Chicago Daylight Saving Time, one hour faster than Central Standard Time.

Medical News

(PHYSICIANS WILL CONFER A FAVOR BY SENDING FOR THIS DEPARTMENT ITEMS OF NEWS OF MORE OR LESS GENERAL INTEREST: SUCH AS RELATE TO SOCIETY ACTIVITIES, NEW HOSPITALS, EDUCATION, PUBLIC HEALTH, ETC.)

ARKANSAS

Society News.—The First Councilor District Medical Society and the Northeast Arkansas Medical Society were addressed, April 21, at Walnut Ridge, by Drs. Walter O. Parrish, Rector, on "Trend of Present Day Medicine"; Grady W. Reagan, Little Rock, "Etiology, Prevention and Treatment of Urethral Stricture," and Henry G. Hill, Memphis, "Fractures."

CALIFORNIA

Dr. Marriott to Lecture.—Dr. W. McKim Marriott, dean and professor of pediatrics, Washington University School of Medicine, St. Louis, will be the lecturer at the University of California Medical School for the year 1932-1933. Dr. Marriott, who will be at the medical school early in the fall of this year, will conduct lectures and clinics.

Changes at University Medical School.—The following changes at the University of California Medical School have recently been announced, among others:

Dr. Francis S. Smyth, professor of pediatrics, San Francisco.
Dr. Ian Maclaren Thompson, professor of anatomy, Berkeley.
Dr. Robert O. Moody, professor of anatomy, Berkeley.
Dr. Sidney J. Shipman, associate clinical professor of medicine, San Francisco.
Dr. Robert S. Stone, associate professor of roentgenology, San Francisco.
Dr. Norman N. Epstein, assistant professor of dermatology, San Francisco.
Laurence Gahagan, assistant professor of psychology, Los Angeles.
Joseph A. Gengerelli, Ph.D., assistant professor of psychology, Los Angeles.
Dr. Lewis F. Morrison, assistant professor of otology, rhinology and laryngology, San Francisco.
Dr. Benjamin L. Friedlander, to assistant clinical professor of medicine.

Fraudulent Reports on Veterans.—*California and Western Medicine* has recently published newspaper reports of an alleged "racket," wherein physicians have been signing false affidavits of examination of veterans applying for disability compensation. Dr. William E. Glaeser, San Francisco, is said to have been sentenced to a year in jail and a fine of $1,000. Later, however, the judge announced that if the physician would pay $1,100, the amount obtained by the veteran in the case, he would suspend the jail sentence. The fine was paid and the physician was released. Drs. Fred H. Van Tassell and Aubrey H. Staples, both of Oakland, were sent to the county jail for one year when their probation pleas failed after they had pleaded guilty to fraud in veterans' cases. The physicians examined several veterans in 1927, it was reported, but made affidavit that they made the examinations in 1925. Dr. John R. Vasko, Alameda, and Elmer J. Johnson were sentenced on charges of fraud recently. Dr. Vasko is said to have sworn falsely to an affidavit which declared that a war veteran at Livermore contracted tuberculosis before 1925. Dr. Vasko was sentenced to a month in the Alameda County Jail and fined $500. The veteran was given three months in the county jail.

CONNECTICUT

State Medical Meeting.—Dr. William A. La Field, Bridgeport, was elected president of the Connecticut State Medical Society, May 26, and Dr. Charles W. Comfort, Jr., New Haven, reelected secretary. The next annual session will be held at Hartford, May 24-25, 1933. The scientific program at the recent meeting in New Haven was given, among others, by Drs. Robert Salinger, New Haven, on "Prophylaxis of Rheumatic Fever"; Arial W. George, Boston, "Value of the Use of X-Rays in the Study of the Lower Back and Sacrum in Industrial Accident Cases"; Cornelius V. Kilbane, New York, "Radiological Aspects of Cardiac Diagnosis"; Webb W. Weeks, New York, "Operative Procedures of Choice in Secondary Glaucoma"; John McCoy, New York, "Nasal Polypi"; William F. Verdi and Charles T. Flynn, New Haven, "Tumors of the Upper Air and Food Passages"; Louis Antupit, Hartford, "Intestinal Obstruction: A New Method of Treatment"; Louis H. Nahum, New Haven, "Chemical Changes in the Heart in Coronary Occlusion"; Robert G. Urquhart, Uncas-on-Thames, Norwich, "Thoracoplasty"; Ruth F. Wadsworth, New Canaan, "Contact with the Laity Through Broadcasting, Press, and Advertising Supervision"; Charles Rickshier, Middletown, "Modern Treatment of the Insane"; Roy L. Leak, Middletown, "Commitment of the Insane"; George R. R. Hertzberg, Stamford, "Camphorated Oil in Surgery," and Arthur H. Morse, New Haven, "Female Sex Hormones." A symposium on kidney disease and pregnancy was conducted by Drs. John P. Peters and Abraham Nowell Creadick, both of New Haven. Dr. Charles C. Gildersleeve, Norwich, gave the presidential address.

GEORGIA

State Medical Election.—Dr. Marvin M. Head, Zebulon, was installed as president of the Medical Association of Georgia at its annual session in Savannah, May 20, and Dr. Charles H. Richardson, Jr., Macon, was chosen president-elect. The vice presidents are Drs. Arthur A. Morrison, Savannah, and David H. Garrison, Tate. Macon was selected as the city for the next meeting of the association, May 9-12, 1933.

IDAHO

Annual Registration Due July 1.—All practitioners of medicine and surgery holding licenses to practice in Idaho are required by law to be registered annually on or before July 1, with the Department of Law Enforcement, and at that time to pay a fee of $2. If a licentiate has not paid the annual registration fee by October 1, his license can be canceled and will be restored thereafter only on payment of the delinquent fees and a $10 penalty.

ILLINOIS

State Medical Election.—Dr. John R. Neal, Springfield, was inducted into office as president of the Illinois State Medical Society at its annual meeting in Springfield, May 20. Dr. Philip K. Kruescher, Chicago, was named president-elect. Other officers of the society are Drs. Don W. Deal, Springfield, and Charles E. Wilkinson, Danville, vice presidents, and Drs. Harold M. Camp, Monmouth, and A. J. Markley, Belvidere, secretary and treasurer, respectively. The next annual meeting of the society will be held in Peoria.

Personal.—Dr. Charles L. Tegtmeier, Freeburg, has been appointed district health officer, succeeding his brother, the late Dr. Edward H. Tegtmeier, Millstadt. Dr. Tegtmeier has practiced in Freeburg for twenty-four years. He served as mayor of the city for three terms and was village health officer for fifteen years. He will have charge of state health activities in the counties of St. Clair, Madison, Monroe, Clinton, Washington, Randolph and Perry.——Dr. Martin H. Seifert has been appointed health commissioner of Wilmette, succeeding Dr. Winfred W. Hawkins, resigned.

Chicago

Institute Dissolves Medical Advisory Board. — The Chicago *Tribune* reported, June 4, that the medical advisory board of the Public Health Institute had been dissolved by the board of trustees.

Fund for the Arno B. Luckhardt Fellowship.—Dr. Anton J. Carlson, chairman, department of physiology, Graduate School of Medicine of the Division of Biological Sciences of the University of Chicago, gave the initial contribution toward a fund of $30,000 to provide a fellowship in honor of Dr. Arno Benedict Luckhardt, professor of physiology in the school. In making the contribution, Dr. Carlson wrote to the president of the university as follows: "I have had under consideration for some time the establishment of a fellowship in recognition of Dr. Luckhardt's outstanding services in research and teaching in the medical sciences, the appointment to the fellowship to be vested in the department of physiology of the university . . . it is planned that the fellowship is not to be awarded until the fellowship fund reaches $30,000 or more so that the annual amount of the fellowship will be at least $1,500."

INDIANA

Course for General Practitioners. — The Indiana State Medical Association will conduct a course of instruction for general practitioners, June 16-17, at City Hospital, Indianapolis. Among the instructors will be Drs. Charles A. Doan, professor of medical and surgical research, Ohio State University College of Medicine, Columbus, on "Mechanism of Blood Formation and Its Relationship to Diagnosis and Therapy"; Beaumont S. Cornell, Fort Wayne, "Clinical Features of Pernicious Anemia"; Leon G. Zerfas, assistant professor of medicine, Indiana University School of Medicine, Indianapolis, "Treatment of Anemia"; Roger S. Morris, professor of medicine, University of Cincinnati College of Medicine, Cincinnati, "Cardiovascular Diseases"; Floyd T. Romberger, La Fayette, "Anesthesia for the General Practitioner"; William J. Dieckmann, Chicago, "Toxemia in Pregnancy"; Williams McKim Marriott, dean and professor of pediatrics, Washington University School of Medicine, St. Louis, "Infant Feeding"; Joseph L. Miller, clinical professor of medicine, Graduate School of Medicine of the Division of Biological Sciences, University of Chicago, Chicago; Albert E. Bulson, Fort Wayne, and Henry O. Mertz, Indianapolis, a symposium on the kidney —urinalysis and blood chemistry, and William J. Moenkhaus, Ph.D., professor of physiology, Indiana University School of Medicine, Indianapolis, "Physiology of the Heart." Heart clinics will be conducted by Drs. Robert M. Moore, George S. Bond and Edgar F. Kiser, all of Indianapolis. Practical demonstrations in the treatment of fractures will be given by Dr. William R. Davidson, Evansville, and Dr. Garland D. Scott, Sullivan, and Albert Stump, Indianapolis attorney, will discuss "Medicolegal Aspects of Malpractice Suits in Fracture Cases."

IOWA

State Medical Election.—Dr. William W. Bowen, Fort Dodge, elected first vice president of the Iowa State Medical Society at the annual session in Sioux City, May 6, advanced to the presidency following the death, May 7, of Dr. Bert L. Eiker, Leon, incoming president of the society. Dr. Charles B. Taylor, Ottumwa, was named president-elect at the annual session. Dr. Elliott C. Cobb, Sioux City, second vice president, will succeed Dr. Bowen as first vice president, and the second vice presidency will remain unfilled. The next annual meeting will be held in Des Moines.

MARYLAND

Memorial to Dr. Jones.—A committee has been formed to arrange for a memorial to Dr. C. Hampson Jones, for many years health commissioner of Baltimore, with Dr. Huntington Williams, director of health, as chairman. Other members are Drs. John Frederick Hempel, assistant commissioner of health; George W. H. Hemmeter, Frank C. Marino and Anthony L. Rettaliata, health officers, and three lay members of the city health department. The memorial will take the form of an oil portrait of Dr. Jones, to be placed in the health department offices.

Study of Tuberculosis in Children.—Since 1928, a clinic at the Harriet Lane Home, Johns Hopkins Hospital, Baltimore, has been conducting a special survey of tuberculosis in children under 2 years of age, who will be kept under observation continuously until they are adults. The objectives include the sources of infection, relationship of childhood infection to outbreaks of pulmonary tuberculosis in later life, racial susceptibility, pathologic studies of the disease, incidence in healthy infants, variations in allergy over a period of years as determined by the reactivity to tuberculin, and protection of infants through the injection of dead tubercle bacilli according to the method of Langer. At present the clinic has under its charge 276 children. Those cooperating in the study include Drs. John C. Gittings, formerly professor of pediatrics, University of Pennsylvania School of Medicine; Wade H. Frost, professor of epidemiology in the school of hygiene at Johns Hopkins University School of Medicine, and Edwards A. Park, professor of pediatrics at Johns Hopkins.

MASSACHUSETTS

Health at Lowell.—Telegraphic reports to the U. S. Department of Commerce from eighty-five cities with a total population of 37 million, for the week ended May 28, indicate that the highest mortality rate (18.3) appears for Lowell, and the rate for the group of cities as a whole, 11.2. The mortality rate for Lowell for the corresponding week last year was 10.9, and the group of cities, 11.2. The annual rate for eighty-five cities for the twenty-one weeks of 1932 was 12.3, as against a rate of 13.3 for the corresponding period of the previous year. Caution should be used in the interpretation of weekly figures, as they fluctuate widely. The fact that some cities are hospital centers for large areas outside the city limits or that they have a large Negro population may tend to increase the death rate.

MICHIGAN

Physicians Honored.—The Ingham County Medical Society gave a banquet, May 12, to three physicians who had been members of the organization for forty years. The physicians are Drs. Harry A. Haze, George F. Bauch and Robert E. Miller, all of Lansing. Dr. Fred J. Drolett was toastmaster at the dinner, and the speakers included Mayor Peter F. Gray, the Rev. John O'Rafferty, and Rev. Edwin W. Bishop, Lansing. A musical program was provided.

Graduate Fortnight.—The Michigan State Medical Society and the department of postgraduate medicine of the University of Michigan are conducting a graduate fortnight in proctology at the University Hospital, June 6-18. While emergency and office treatment, requiring a minimum of experience and equipment, will be emphasized, the announcement states, conditions that require more highly specialized methods in both diagnosis and treatment will be demonstrated. The fee for the course is $35. Further details may be obtained from the department of postgraduate medicine, University Hospital, Ann Arbor.

MISSOURI

State Medical Election.—At the annual meeting of the Missouri State Medical Association, May 25, Dr. Joseph W. Love, Springfield, was installed as president, and Dr. Warren L. Allee, Eldon, was chosen president-elect. Dr. Edward J. Goodwin, St. Louis, was reelected secretary. The next annual session of the society will be held in Kansas City.

Personal.—Dr. William H. Allen, Rich Hill, was guest of honor at a meeting of his friends, May 1, in celebration of his birthday. Dr. Allen has practiced medicine in Rich Hill for fifty-seven years and is an honor member of the Bates County Medical Society and of the state medical association. —— Mr. Frank K. Fenwick, a lawyer, has been appointed director of medical licensure to succeed Dr. Ross Hopkins, Jefferson City.

NEBRASKA

State Medical Election.—Dr. Adolph Sachs, Omaha, was named president-elect of the Nebraska State Medical Association at the annual meeting in Lincoln, May 26. Dr. Arthur E. Cook, Randolph, was installed as president and Dr. Roy B. Adams, Lincoln, reelected secretary. The next annual meeting will be in Omaha.

NEW HAMPSHIRE

State Medical Election.—Dr. Harry O. Chesley, Dover, was elected president of the New Hampshire Medical Society at the annual meeting in Manchester, May 18, and Dr. Robert J. Graves, Concord, vice president. Dr. Dennis E. Sullivan, Concord, was reelected secretary. The next annual session will be held at Manchester.

Unlicensed Practitioner Fined. — Jesse M. Solomon pleaded guilty in the municipal court of Concord, May 6, to a charge of practicing medicine without having a certificate of registration. He was fined $100, ordered to pay court costs of $35, and sentenced to three months in the house of correction. The latter sentence was suspended when he paid the fine and costs.

NEW JERSEY

Medal to Dr. Theobald Smith.—The Council of the Royal Society of Tropical Medicine and Hygiene at its annual meeting, June 16, will award the Manson Medal to Dr. Theobald Smith, Princeton, director emeritus of the department of animal pathology, Rockefeller Institute for Medical Research, New York. The award is made "for fundamental observations and experiment—the first of their kind—on the transmission of a blood-inhabiting protozoon by a blood-sucking arthropod and for many contributions to knowledge which are of world-wide importance." Dr. Smith retired from the directorship of the department of animal pathology in 1929, when he reached the age of 70. He had occupied the position since 1915, having come to the institute from Harvard, where he had been professor of comparative pathology since 1896. Dr. Smith has continued his association with the Princeton laboratories of the institute.

NEW MEXICO

State Medical Meeting and Election.—The semicentennial meeting of the New Mexico Medical Society was held in Santa Fe, May 19-21, under the presidency of Dr. Fred D. Vickers, Deming. Guest speakers on the program were Drs. Willis S. Lemon, Rochester, Minn., on "Biological and Clinical Aspects of Tuberculous Pleurisy with Effusion"; Cullen W. Irish, Pasadena, Calif., "Neurological Diagnostic Criteria in Abscess of the Brain"; William C. Menninger, Topeka, Kan., "Psychiatry"; William D. Sansum, Santa Barbara, Calif., "Treatment of Underweight, Indigestion and Allergy"; Earl D. McBride, Oklahoma City, "Arthritis"; Albert Soiland, Los Angeles, "Management of Cancer of the Breast"; Clarence G. Toland, Los Angeles, "Object of Formation of Cancer Commission of State Medical Societies"; Hugh T. Jones, Los Angeles, "Bone Tumors"; James W. Hendrick, Amarillo, Texas, "Adenomatous Goiter"; Robert A. Duncan, Amarillo, "Brain Abscess from the Otologist's Viewpoint." Dr. Henry A. Ingalls, Roswell, was chosen president-elect and Dr. Leo B. Cohenour, Albuquerque, secretary. The 1933 meeting will be held in Roswell.

NEW YORK

State Medical Election.—Dr. Frederick H. Flaherty, Syracuse, was chosen president-elect of the Medical Society of the State of New York at the close of the annual meeting in Buffalo, May 24. Other officers elected were Drs. Arthur S. Chittenden, Binghamton, and William Ross Thomson, Warsaw, vice presidents, and Drs. Daniel S. Dougherty and Frederic E. Sondern, both of New York, reelected treasurer and secretary, respectively.

Society News.—Dr. Russell L. Cecil, New York, addressed the Medical Society of the County of Albany, at Albany, May 17, on "The Arthritis Problem," and Dr. Arthur Krida, New York, on "Surgical Treatment of Arthritis."——Dr. Ward J. MacNeal, New York, addressed the Madison County Medical Society, Oneida, May 21, in the afternoon, on "The Relation of Laboratory to General Medicine," and the Oswego County society at Fulton on the same subject in the evening.——Dr. Jacob M. Gershberg, New York, addressed the Saratoga chapter of the International Spanish-Speaking Association of Physicians, Dentists and Pharmacists, May 24, on longevity according to the theory of Metchnikoff.

New York City

Board Recommends Ban on Radium Waters.—The medical advisory board of the city department of health, after a special meeting to consider the public health aspects of so-called radium waters, has recommended that the department issue a warning concerning their use. The administration of these waters should be watched over by a physician, who should examine the patient from time to time to make certain that there is no accumulation of radioactive minerals in the tissues, the board advised. There has been much commercial propaganda in recent years alleging the curative powers of radioactive waters. Some of these were shown to be frauds because they had no radioactivity, but a few contained radioactive minerals in solution, it was said. The majority of radium waters used by the public are those charged with radium emanations produced by various devices sold at prices ranging from $3.50 to several hundred dollars. It was the opinion of authorities who conferred with the board that the drinking of water containing radioactive minerals was extremely dangerous and that a ban should be placed on the sale of these waters to the public.

Academy Recommends Investigation of Veterans' Legislation.—Congressional investigation of the whole plan of veterans' relief was demanded in a statement recently issued by the committee on public relations of the New York Academy of Medicine. Declaring that the elimination of subsidies to ex-soldiers who are not suffering from war disabilities would reduce federal expenditures more than $450,000,000 a year, the committee made the following recommendations:

1. That hospitalization of veterans for nonservice-connected disabilities be discontinued.
2. That as hospital beds become vacant, the hospitals be sold to the states to be used as public institutions for persons with chronic ailments.
3. That inquiry be made as to adequacy of compensation to widows and dependents of soldiers who died or were killed in the World War or as a direct result of it.
4. That adequate compensation be continued for veterans who are actually diseased or disabled as a result of service.
5. That no compensation be paid for partial disability to those who are not in need or whose earning capacity is not materially impaired or who earn more than $1,560 a year.
6. That medical opinion decide whether disabilities are caused or favored by military service and that the type of service be considered in arriving at decisions.
7. That the operation of the Emergency Officers' Retirement Act be studied and revised to prevent existing abuses.
8. That in the formulation of future plans, Congress and the Veterans' Administration avail themselves of advice of medical organizations.
9. That civil service regulations that grant undue preference to ex-soldiers be rescinded because of the danger to the efficient conduct of the medical and public health services of the government.

The report pointed out, among other things, that a larger percentage of former medical officers are receiving pensions than other ex-officers, although some of them hold full time government positions.

OKLAHOMA

State Medical Meeting and Election.—The fortieth annual session of the Oklahoma State Medical Association was held in Tulsa, May 24-26, under the presidency of Dr. Henry C. Weber, Bartlesville. Among guest speakers were Drs. Frank C. Neff, Kansas City, "Active Immunization Against Diphtheria"; Walter E. Sistrunk, Jr., Dallas, Texas, "The Gallbladder"; Arthur E. Hertzler, Halstead, Kan., "Indications for Operations for Minor Gynecological Disease"; Marcus O. Shivers, Colorado Springs, Colo., "Thyroid Problems"; Frank D. Dickson, Kansas City, "Low Back Pain with Particular Reference to the Congenital Abnormalities in the Lumbosacral Region," and James W. Hendrick, Amarillo, Texas, "Causation and Treatment of Simple Goiter." Dr. Hugh S. Cumming, Washington, D. C., addressed a general meeting, Wednesday, May 25. Dr. Tracey H. McCarley, McAlester, was named president-elect and Dr. Robert M. Anderson, Shawnee, was installed as president. The next annual session will be held in Oklahoma City.

PENNSYLVANIA

Society News.—The program of the Dauphin County Medical Society, Harrisburg, June 7, included the following speakers, all of Harrisburg: Drs. William K. McBride, "Technic of the Complete Periodic Health Examination"; John A. Daugherty, "Insulin—A Historic Review"; Walter D. Hawkins, "Modern Conception of the Treatment of Diabetes"; Herbert F. Gross, "Surgical Treatment of Diabetes."——Dr. Walter F. Donaldson, Pittsburgh, addressed the Fayette County Medical Society, Uniontown, June 2, on "Business Aspects of Medicine."

Philadelphia

Personal.—Dr. Jacob D. Leebron has been appointed pediatrist to the Northern Liberties Hospital. His service will include a department for the prevention of diseases in children.——Dr. Frederick S. Baldi, medical director of county prisons since January, 1930, has been appointed superintendent and will now hold both positions. He has been acting superintendent since February.

Fund in Memory of Dr. Deaver.—The Aid Association of the Philadelphia County Medical Society is establishing a special perpetual fund in honor of the late Dr. John B. Deaver, the income from which will be used to afford aid to needy physicians and their families. Dr. Francis Heed Adler, 313 South Seventeenth Street, Philadelphia, is secretary of the fund, in which all friends of Dr. Deaver are invited to participate.

Society News.—A symposium on complications of surgery of the nose and throat was held at the meeting of the Philadelphia County Medical Society, June 8. Drs. Frank Embery discussed "Complications Associated with Intranasal Surgery"; Benjamin D. Parish, "Lung Abscesses as a Complication Following Tonsilectomy," and John Loitus, "Complications of

Mastoidectomy."——Dr. May G. Wilson, New York, addressed the Philadelphia Pediatric Society, May 10, on "Natural History of Rheumatic Fever in Its Relation to the Evaluation of Therapeutic Measures."——Dr. Arthur W. Proetz, St. Louis, addressed the Philadelphia Laryngological Society, May 26, on "The Displacement Method of Sinus Diagnosis and Treatment." ——Drs. Leon Herman and Joseph C. Birdsall addressed the Philadelphia Urological Society, May 23, on "Intermittent Hydronephrosis" and "Present Status of the Disposal of the Ureters in Carcinoma of the Bladder," respectively.

SOUTH DAKOTA

State Medical Meeting at Watertown.—The fifty-first annual meeting of the South Dakota State Medical Association will be held in Watertown, June 20-22, under the presidency of Dr. Willard Allen Bates, Aberdeen. The house of delegates will meet Monday afternoon, June 20, and the scientific sessions will occupy the other two days. Tuesday morning Dr. William W. Duke, Kansas City, will hold a medical clinic and Dr. Harry M. Richter, Chicago, a surgical clinic. Wednesday morning Dr. Charles W. Pollard, Omaha, will conduct a gynecological clinic and Dr. John E. Gonce, Jr., Madison, Wis., a pediatric clinic. Guest speakers include Drs. Duke, on "The Dawn of a Specialty in Medicine—Allergy"; Richter, "Surgical Treatment of Peptic Ulcer"; Pollard, "Obstetrics"; Gonce, "Infantile Paralysis—Diagnosis and Treatment" and Leo G. Rigler, Minneapolis, "Roentgen Diagnosis in Preventive Medicine." The association dinner will be held Tuesday evening, June 21. The South Dakota Academy of Ophthalmology and Otolaryngology will hold its annual meeting, June 21, with the following speakers: Drs. Kenneth A. Phelps, Minneapolis, "Experiences in Bronchoscopy"; Joseph G. Parsons, Crookston, Minn., "Local Anesthesia"; Frederick H. Roost, Sioux City, Iowa, "Incidence of Focal Infection in Acute Sinus Diseases and Treatment" and Clarence E. Robbins, Pierre, "Acute Mastoiditis of the Hemolytic Streptococcic Type."

TENNESSEE

Society News.—The forty-first annual meeting of the West Tennessee Medical and Surgical Association was held at Jackson, May 26-27. Among speakers were Drs. Willis C. Campbell, Memphis, on "Fractures About the Neck of the Femur"; Paul D. Jones, Milan, "Bacterial Heart Disease"; William I. Howell, Lexington, "Treatment of Sepsis by Stimulating Leukocytosis"; Edwin W. Cocke, Bolivar, "Constitutional Psychopathic Personality in Relation to Present-Day Crime and Delinquency," and William O. Floyd, Nashville, "Differential Diagnosis and Surgical Management of Hyperthyroidism."——Dr. Samuel R. Skillern, Jr., Philadelphia, addressed the Chattanooga and Hamilton County Medical Society, Chattanooga, May 12, on frontal sinus operations. Dr. E. Dunbar Newell, Chattanooga, spoke, June 2, on diagnosis and treatment of brain trauma.——At the meeting of the Gibson County Medical Society, Trenton, May 14, speakers were Drs. Oval N. Bryan, Nashville, "General Medicine"; Jennings C. Litzenberg, Minneapolis, "Management of Complications in Labor," and David R. Pickens, Nashville, "Diseases of the Rectum." Drs. Drew W. Luten and Theodore C. Hempelmann, St. Louis, spoke, May 30, on "Diagnosis in General Practice" and "Nose and Throat Infections of Children," respectively.——Dr. Frank H. Norman, Waynesboro, among others, addressed the Hardin-Lawrence-Lewis-Perry-Wayne Counties Medical Society, April 26, on "Modern Methods of Treatment of Angina Pectoris."

WYOMING

Health Officers Meet.—Dr. John H. Goodnough, Rock Springs, was elected president of the Wyoming association of county health officers at the annual meeting in Casper, May 5. Other officers are Drs. Maurice J. Goldberg, Kemmerer, and Victor A. Mokler, Thermopolis, vice presidents, and Walter H. Hassed, Cheyenne, state health officer, secretary. Among the speakers were Drs. William O. McDermott, Casper, on city health administration, and Nathan E. Wells, Newcastle, control of typhoid.

GENERAL

Ophthalmic Social Service Workers.—The National Society for the Prevention of Blindness announces that it will sponsor two courses for medical social workers in eye hospitals and clinics next fall in cooperation with Washington University, St. Louis, and the Massachusetts Eye and Ear Infirmary, Boston. Social workers interested in this specialized training should communicate with the Secretary, National Society for the Prevention of Blindness, 450 Seventh Avenue, New York.

Reregistration Under the Harrison Narcotic Act.—Physicians registered under the Harrison Narcotic Act must reregister on or before July 1. Each such physician must register with the collector of internal revenue of each district in which he maintains an office or a place for the treatment of patients. Failure to register within the time allowed by law makes a physician liable to a fine or to imprisonment, or to both, and compels him to pay a penalty of 25 per cent on his annual tax when he does register.

Special Courses in Vienna.—The eleventh series of intensive European summer courses will be given in Vienna, July 8-August 19, inclusive, under the direction of Dr. George W. MacKenzie, Philadelphia. Courses announced for this year are in ophthalmology and otolaryngology, as in the past ten years, and the second course in surgery, gynecology and obstetrics. Each will provide about 300 hours of instruction, and 50 additional hours will be given on the boat trips to and from Europe. Instruction will be given by Vienna teachers. Each course covers every phase of the subject, with opportunity for practical exercises. Details may be obtained from Dr. MacKenzie, 1724 Spruce Street, Philadelphia.

Appeal for Aid for Biochemist's Family.—An appeal to American biochemists for funds to relieve dire financial need of the daughters of the late Johann Ludwig Thudichum, German biochemist and physician, has been extended to the medical profession and workers in related fields. A committee composed of Dr. David L. Drabkin, Philadelphia, and Russell H. Chittenden, Ph.D., and Lafayette B. Mendel, Ph.D., New Haven, Conn., is circulating a memorandum asking for contributions and will transmit the collected fund to the family. Thudichum made important contributions in the field of lipoid chemistry and was a pioneer investigator of pigments. Checks may be mailed to Dr. Drabkin, Medical School of the University of Pennsylvania, Philadelphia.

Medical Bills in Congress.—*Changes in Status:* H. Res. 235 has passed the House, authorizing the appointment of a committee composed of five members of the House of Representatives, to investigate government competition with private enterprise. H. R. 11267 has been reported to the Senate, with amendments (S. Rep. 756). This bill, providing appropriations for the legislative branch of the government and effectuating economies in the administration of the federal government, proposes, among other things: (1) to reduce the federal contributions for vocational education during the fiscal year ending June 30, 1933; (2) that, among other things, disabled emergency officers shall not be entitled to retirement under the Disabled Emergency Officers Retirement Act for disabilities *presumptively* of service origin; (3) that, with certain exceptions, veterans of the World War shall not be entitled to hospitalization for non-service disabilities if their incomes are $1,500 or over a year, if single, or $3,500 or over a year, if married. S. Res. 219 has been agreed to, directing the United States Tariff Commission to investigate the differences in the cost of production between the domestic article or articles and the competitive foreign article or articles on the following items: optical instruments and certain other scientific and laboratory apparatus and instruments. S. 276 has passed the Senate, authorizing the construction and equipment of a hospital on the Crow Indian Reservation, Montana. S. 572 providing for "federal cooperation" with the several states in promoting the welfare and hygiene of mothers and children was reached on the Senate calendar June 1, but consideration of the bill was prevented by Senator King, Utah. S. 2987 has passed the Senate authorizing the construction and equipment of a hospital on the Black Feet Indian Reservation, Montana.

CORRECTION

Encephalography Under Narcosis Produced by Nonvolatile Anesthetics.—In the article by Drs. Solomon and Epstein in THE JOURNAL, May 21, the amount of morphine sulphate mentioned at the foot of page 1795, first column, should have been 0.016 Gm.

Medical Examinations in Kansas.—In THE JOURNAL of April 23, a statement was made that six states, including Kansas, must offer the easiest examinations since these states had had no failures for five years. Dr. C. H. Ewing, secretary of the State Board of Medical Registration and Examination in Kansas, writes that Kansas does not permit members of any cults to take examinations of the medical board and that no applicant is permitted to take the examination who is not a graduate of a class A medical school. Hence there have been no failures.

Foreign Letters

LONDON

(From Our Regular Correspondent)

May 14, 1932.

Raw Milk in the Prevention of Dental Caries

The work of Mrs. Mellanby appears to show that administration of vitamin D to children living under urban conditions diminishes the incidence of caries in teeth already formed (THE JOURNAL, Nov. 21, 1931, p. 1548; April 9, 1932, p. 1313). She has recently published evidence to show that if the diet is cereal free as well as rich in vitamin D the results are still better. But Mr. Evelyn Sprawson, director of dental studies at the London Hospital Dental School, has a somewhat different view. Before the Royal Society of Medicine he introduced evidence that raw milk, whether such as nature provides for the purpose or that of cows, has a profound influence on the development and calcification of the teeth of man and confers some immunity from caries. Since 1908 he has had under dental supervision hundreds of children in institutions. Before admission they did not receive as a rule proper care, principally on account of poverty. They showed a high percentage of dental caries. Thus in one institution there were in 1910 some 1,100 girls and 750 boys of ages ranging from 3 to 16 years. Of the girls, 78 per cent had dental caries, and 148 first permanent molars in 400 were carious at the ages of 10, 11 and 12 taken together. For the boys the figures were 86 per cent and 183 carious molars. From 1925 onward, the boys had a daily ration of a pint of raw milk (milk at no time heated to more than a few degrees above body temperature). Mr. Sprawson did not know of this, but in 1928 and increasingly afterwards he noticed a change in his work—a remarkable diminution in the number of children returning for further treatment after dental caries had once been treated. At first this was attributed to vitamin D, which exists in small amounts in milk, but experience at another institution where cod liver oil with its large content of vitamin D was freely used did not confirm the conclusion. At this institution the milk was delivered pasteurized. It might be thought that a high degree of calcification of the enamel, such as is said to be produced by vitamin D, would protect against dental caries, but Mr. Sprawson finds that this is not so. In Malay, 49 per cent of Chinese coolies, who work stripped to the waist exposed to the powerful sun, have caries. Similar observations have been made in South Africa. Mr. Sprawson therefore concluded that such a balance of vitamin content as is in raw milk, in conjunction with the calcium (which may be in a particularly suitable form) might be the cause of the diminution of children returning. A high percentage of the incidence of caries occurs in those deciduous and permanent teeth the enamel of which is actively laid down, and in some cases fully calcified, during the first four or five years of life, so that a supply of suitable calcium salts and vitamin balance efficiency should be available at that period. Moreover, the incidence of caries is generally progressively less in the teeth, deciduous and permanent, in the order of their eruption, and it is during the earliest portion of this period that "hand feeding" and a faulty diet are most common. This led to an inquiry concerning the effect of a daily ration of raw milk begun during the first twelve months of life. That age was selected because few children are now breast fed. Moreover, it is a period previous to the eruption of the deciduous molars, in which the incidence of caries is high, and also a period when the first permanent molars are forming, in which the incidence of caries is highest. In children who began to take raw milk at later ages, a protective influence on the teeth subsequently erupted was found. Historically, those peoples showing the smallest incidences of caries are found to be those primitive races who nursed their children for the longest periods; i. e., fed them on raw milk.

Mr. Sprawson suggests that boiling or pasteurizing milk alters part of the vitamin content, so as to render enamel less resistant to caries. Whenever a child is hand fed, unless raw milk is given, there is necessarily an unnatural balance of vitamins and possibly other elements in its food. If raw milk forms part of the diet from birth, so long as it is continued all enamel formed has some immunity to dental caries. If it is not begun until later, erupted but incompletely formed teeth may be similarly altered, though in lesser degree. It is problematic whether fully formed teeth can be influenced. If raw milk is not begun till the third or fourth year, protection is not afforded to the deciduous teeth but to the permanent teeth. The converse is also true. If raw milk is taken for only two and one-half or three years after birth, the deciduous teeth are protected, but little if any protection is afforded to the permanent teeth. For ideal dental development in man, Mr. Sprawson holds that raw milk should form part of the daily food till the age of 14 years, but because of the danger of tuberculosis the milk should be from tuberculin-tested cattle.

"Ambulance Chasing"

Lawyers of a discreditable type have touts on the watch for road accidents, who follow ambulances with injured persons into hospital wards with the object of getting them to sign a contract whereby the lawyer will take proceedings and a share in any damages awarded. Among other evils this system provokes unnecessary litigation. The evil is so widespread that it has earned the name of "ambulance chasing" and the injured person loses to the lawyer a big proportion of his damages. One hospital (the Folkestone) has had a conference with the Law Society on the subject and has amended its rules, so that no lawyer or his representative will be allowed to enter the wards unless the visit is made at the express request of the patient.

Advances in the Study of Vitamins

It has been shown that vitamins can be produced by irradiation of substances termed provitamins—thus, vitamin D from ergosterol. At the Laboratory of Physical Chemistry, Cambridge, work has been done by Drs. F. P. Bowden and C. P. Snow, which shows that vitamins as well as provitamins are affected by light and can be destroyed by it if a certain wavelength is used. By means of an instrument resembling a spectroscope, intense rays of a certain wavelength were concentrated on a vitamin or provitamin contained in a tiny cell and the sensitiveness of the substance was studied. The provitamin A, carotene, absorbs visible light but is not altered by it. But ultraviolet rays convert it into a substance giving the spectrum of vitamin A and also the chemical reactions of that substance. Biologic tests demonstrating that vitamin A is actually formed will require some weeks for completion. The new substance absorbs waves of a length different from those which the provitamin absorbs and is destroyed by them. This discovery is of practical importance, for it shows that in the manufacture of vitamins only those which the provitamin absorbs should be used, and destruction of the vitamin so formed should be avoided by excluding the rays which it absorbs.

Vitamin B (which protects against beriberi) is quickly destroyed by rays which it absorbs. The isolation of a crystalline substance, hexuronic acid, from lemons, of which small doses are protective against scurvy, has suggested that this is vitamin C. Vitamin D has been produced by irradiation of the provitamin ergosterol. A method preventing destruction of this vitamin by the rays which it absorbs has been suggested. The study of vitamins by precise physicochemical methods is still in its infancy, but it is already clear that it may displace experiments on animals in estimating their amount in a diet and, further, that deficiency in a given vitamin may be made good more easily by a process of selective irradiation than by any other method.

Investigation of "Cures" for Cancer

The Cancer Hospital, London, undertakes what is not done by any other hospital in the country. It investigates the new "cures" for cancer, which are vaunted from time to time. Every year it receives numerous suggestions for the treatment of malignant disease and requests to try them. In many cases the composition of the preparation was not revealed, and if this is withheld the committee of the hospital always feels compelled to refuse to pursue the matter. Whenever the nature of the composition of the proposed remedy is stated the matter is given careful consideration and, if it appears reasonable, investigation is made. At the annual meeting it was stated that during the year extensive inquiry had been carried out on these lines, but nothing encouraging had resulted, however, one communication had opened a new line of research, which was being actively followed. Mr. R. H. Jocelyn Swan, senior surgeon, said that during the last three years radium had been used in 700 cases in the hospital. Some of the results were astonishing. If cases could only be obtained in the early stage, the statistics, good as they were, would be much better.

Splitting the Atom

Lord Rutherford has described in the press "a discovery of great scientific importance," the result of experiments carried out by two young men in the Cavendish Laboratory, Cambridge, over which he presides. These men—Dr. J. D. Cockroft and Dr. E. T. S. Walton—are now described as having succeeded in splitting the atom. Lord Rutherford says that it is difficult to say to what the discovery might lead. It could not be claimed that the discovery meant that we should be able to produce an immense amount of electrical energy for commercial purposes, as had been stated, for the simple reason that for every particle of additional energy they got it required millions of particles to make it effective. Cockroft and Walton split the atom by means of a vacuum tube through which millions of particles a second were fired at a speed of 10,000 kilometers a second. The atom has been split before, but in these experiments energies were procured from atoms as they broke up 100 times greater than that of the particles with which they were attacked (with a voltage of 120,000).

PARIS

(From Our Regular Correspondent)

April 27, 1932.

The Control of Pharmaceutic Advertisements

Prof. Marcel Labbé recently brought before the Academy of Medicine a question of great importance. He read a number of advertising leaflets vaunting the merits of a product with a sorbite base, presented to the public as a sugar that has been deprived of all harmful effects for diabetics, whereas, according to Professor Labbé, sorbite is no better tolerated by patients than other carbohydrates. He demands, therefore, that the academy take the initiative in putting the public on its guard against these erroneous statements so harmful to public health, and take a firm stand against the selling with impunity of products likely to be dangerous. French laws are silent on this subject. There is absolutely no control of the value of products advertised to the public, except for serums and vaccines. The law demands only that the exact composition of the product be stated on the label. However, most manufacturers circumvent the law by placing the label on the bottom of the bottle and by printing the technical names in exceedingly small type and with the terms of chemical nomenclature, which are understood only by the initiated. As to the statements in the prospectuses concerning the curative effects of the product, they are formulated with absolute freedom and without any guaranty. It is evident that a system of control would be valuable in the interest of public health; but it is equally evident that the introduction of such a system would cause great confusion in the ranks of the pharmaceutic industry. Nevertheless, the Academy of Medicine has appointed a commission to study carefully the situation and furnish a report on the subject.

Vocational Guidance

The medical examination of children with a view to determining whether their physical condition reveals any contraindication to the trade or profession that they wish to take up is tending to become more general in France. Such an examination is now required of all students in schools of technical instruction, but it is optional in other schools. Many families are beginning to recognize the usefulness of such examinations and are voluntarily subjecting their children to such tests. The results obtained have led to interesting observations and made a great impression on the public. For example, at Nantes, 1,109 children were examined in 1931, as against 936 children in 1930. These examinations entail a search for three kinds of contraindications for the occupation chosen: medical, educational and economic. As to a group comprising 123 boys and 23 girls, formal contraindications were found in 38 per cent—in 15 per cent for medical reasons. Disorders of vision were discovered that both parents and children did not know existed. The eye examinations revealed, furthermore, that sixty-three young persons did not have normal vision. The medical examiners discovered eleven cases of pulmonary tuberculosis. Five of these children suffering from active tuberculosis were sent to sanatoriums or to the country. The dental examination showed that the parents are not paying sufficient attention to the teeth of their children. Three abnormal children were directed to special centers. Five boys were operated on, before they entered on their apprenticeship, for undescended testis. Three young women were advised not to take up dressmaking, and two boys were cautioned against the textile trade owing to hyperhidrosis of the hands.

Use of Microscopic Preparations in Decorative Art

Modern decorative art is constantly seeking new designs for tapestries, wallpaper and ladies' dress goods. The imagination of decorative artists has been strained to the uttermost in the attempt to supply new designs. The infinite variety of designs displayed in the veins of marble and other building stones has been frequently studied and imitated; but the images supplied by nature on examination of microscopic preparations have never been utilized. Madame Albin Guillot, widow of a manufacturer of orthopedic apparatus, who is well versed in microscopy and who is also an expert photographer, had the ingenious idea of deriving original decorative motifs from these images. Microscopic preparations richly stained by means of various laboratory reagents and photographed with considerable magnification furnished her with some astonishing pictures in which nature combines freely and repeats the same elements in accordance with arrangements constantly renewed. Pathologic tissues, especially neoplasms, furnish images even more curious and interesting than normal tissues. Madame Albin Guillot has published an album of plates of this kind, in which one can see sections of cancer of the prostate, and adenomas of the breast that present designs of charming originality. Manufacturers of textiles have become interested and are making industrial applications that are scoring a great success. Superbly dressed women are wearing dresses the picturesque design of which is patterned, without their knowing it, after the structure of tumors; or they paper the walls of their apartment with paper the design of which is derived from a sarcoma.

Decline of the Birth Rate in France

The Alliance nationale pour l'accroissement de la population française, in a study that it has just published on the vital statistics of France for 1931, points out that the birth rate fell off sharply toward the close of the year. A comparison of the birth rate for the corresponding quarters of 1930 and 1931 reveals the following differences: first quarter, increase

937; second quarter, decrease 3,537; third quarter, decrease 4,907; fourth quarter, decrease 11,155; for the entire year, decrease 18,662. The number of marriages, furthermore, having diminished by more than 16,000 it is to be feared that the reduction in the number of births may be still greater in 1932. If one notes that, of the 730,000 births in 1931, 55,000 were of children of foreigners, whereas, of the 680,000 deaths, there were only 30,000 deaths of foreigners, it will be seen that the French excess of births over deaths in 1931 was only 25,000. This small excess runs the risk of being transformed, next year, into a permanent deficit unless something energetic is done to promote a better birth rate. Finally, since the number of emigrants in 1931 exceeded the number of immigrants by more than 25,000, the population of France has in reality diminished, the first time that that has happened since the war.

BERLIN

(From Our Regular Correspondent)

April 25, 1932.

Congress of Internal Medicine

The Kongress für innere Medizin was held this year in Wiesbaden. In surveying the results of the session, two objectives in contrast with congresses of recent years were sought by the organization committee: accentuation of the clinico-medical point of view in the official papers of the first three days and—with a certain inner connection—the limitation of the number of individual communications to about half the number presented in previous years. The successful accomplishment of the new program was due primarily to the initiative of the chairman, Professor Morawitz of Leipzig, who has been called to Berlin, as the successor of Professor His, to occupy the chair of internal medicine and serve as director of the first Medizinische Universitätsklinik. The first day's session was held in collaboration with the Deutsche pharmakologische Gesellschaft, whose chairman, the pharmacologist Prof. O. Loewi of Graz, pointed out the inner relations and the mutual interests that characterize clinical medicine and pharmacology. The chief topic considered was "The Effects of Autogenous Substances on the Circulation." The discussants were Sir Henry Hallett Dale of London and Prof. Dr. F. Volhard of Frankfort-on-Main. Sir Henry considered the importance of autogenous substances for the regulation of the circulation in the healthy organism. The chemical regulation of the blood stream in the capillaries is not only dependent on the active substances of the hormone-secreting glands—primarily, epinephrine and vasopressin—but also on certain products of normal cell and tissue metabolism. It is a question of chemical substances that, in contrast with the aforementioned hormones, cause vascular dilatations and lowering of blood pressure. The principal representatives of this group are histamine, choline ester, and compounds of the type of adenylic acid.

Professor Volhard, clinician of Frankfort, supplemented Dale's statements by observations on the pathologically changed circulation. He pointed out the importance of the mentioned substances for a number of pathologic manifestations that have usually been considered of nervous origin. The new conception has proved to be fruitful for the theory of infections, the tuberculin test, certain inflammations, so-called angioneurotic disturbances, shock, cerebral hemorrhage, increase of blood pressure, with or without kidney involvement, and other conditions. Volhard's remarks on the various types of high blood pressure were of practical importance for the clinical study of kidney diseases and for the question as to how convulsions of pregnancy arise. Volhard was the first to describe the pathologic syndromes of "white" and "red" kidneys, which are said to be caused by an unknown hypophysin-like substance, which appears to originate in the kidneys. If in the acute stage of kidney disease the high blood pressure has existed too long, a cure is not likely to be effected and a further progression of the disorder is probable. In Germany, and probably also in other countries, numerous attempts have been made to utilize these therapeutic suggestions in a practical way. Whether, as a matter of fact, there is as much practical therapeutic value in the various preparations derived from muscle extract, and otherwise, as in the first period of optimism was assumed, is for future investigators to decide. At least no decisive success in this direction has as yet been reported. Nevertheless, it appears that these preparations may have the power of improving the blood supply of tissues through dilation of the blood vessels and thus exerting a favorable influence on certain severe and painful disorders, such as angina pectoris and Raynaud's gangrene. The certainty based on a therapeutic success that can be repeated at will, which is necessary for the support of a really favorable opinion, is still lacking. Medicine finds itself, from time to time, in a position in which it gains interesting new theoretical insight, with the prospect of tedious and laborious clinical study before the new methods can be used in everyday practice.

On the second day, Prof. L. Brauer of Hamburg-Eppendorf discussed respiratory insufficiency. Brauer and his collaborators, particularly Knipping, were able to develop an ingenious clinical method of research that permits the continuous registration of respiratory rhythm, air volume and the simultaneous passage of oxygen and carbon dioxide through lungs and blood, under normal and pathologic conditions. The disturbances of gas exchange, due to respiratory paralysis of nervous origin, mechanical obstruction of the air breathed, disturbances of air and blood distribution in the lungs, rarefaction of the air at great altitudes, and interruption of the gas exchange in the pulmonary air vesicles (so-called Brauer's pneumonosis), were discussed with considerable detail. One purpose of these researches is to secure, as far as possible, clear and accurate indications and controls for the treatment of pulmonary tuberculosis by means of artificial pneumothorax, in the promotion and development of which Brauer has performed meritorious service. The two following papers took up the practical side of this important subject. Liebermeister of Düren fixed the range of application of bilateral pneumothorax, which was first successfully employed, fifteen years previously, by Professor Ascoli of Palermo. Ascoli was present and took part in the general discussion. The third paper, presented by Professor Jakobaeus of Stockholm, dealt with lung collapse. He directed attention to the part played by atelectases, and to the interpretation of roentgenograms taken of tuberculous patients.

The chief topic on the third day of the congress was involvement of the stone-free biliary passages. Three eminent investigators in as many different fields discussed the subject: Prof. L. Aschoff, pathologic anatomist of Freiburg; Prof. F. Umber, clinician of internal diseases, Berlin, and Prof. V. Schmieden, surgeon of Frankfort-on-Main. Research in this field has made good progress since the publication of the epoch-making investigation of Naunyn, and, in recent years, particularly through the examination of the bile by the use of a sound, and the roentgenologic exhibition of the biliary passages. Also more detailed anatomic studies (more particularly the researches of Aschoff) have furnished new insight into pathologic manifestations. Stone-free involvement of the efferent biliary passages develops, in the presence of some obstacle preventing the outward flow of the bile, through ascending infection with bacteria from the intestine, or through the dissemination of micro-organisms from the circulating blood. The result is swelling of the liver, with generalized jaundice, there being seldom any collection of pus or any shrinking of the liver. The treatment can usually be confined to dietetic, physical and medicamentous remedies, surgical aid being required only in special cases.

The social setting of the congress this year was of a more festive character than usual, owing to the fact that the congress was preceded by an academic festival in honor of the

fiftieth anniversary of the founding of the society. In spite of the economic depression, more than 1,000 participants appeared. Professor Morawitz gave an historical survey of the evolution of the congress during the fifty years of its existence. Since Frerichs and E. v. Leyden founded the society, it has always furthered national and international research, supported the progress of internal medicine, and disseminated much valuable knowledge among the physicians. While special congresses serve to advance certain specialties, as, for example, the Gesellschaft für Verdauungs- und Stoffwechselkrankheiten, and the Gesellschaft für Kreislaufforschung, the Gesellschaft für innere Medizin remains the great mother society, which keeps its gaze fixed on internal medicine as a whole. The accomplishments of the society have been recorded in a monograph prepared by the Berlin clinician Georg Klemperer, at the request of the society, in which the author calls attention to the progress that the transactions of the congress brought about by supporting the high aims of the society with respect to the authoritative position, the unity and the independence of internal medicine through the ever increasing familiarization with the advanced ideas of psychology. "The knowledge that man, although the object of natural research, obeys, through his psychic make-up, his own laws, secures for the clinician independence of research and of his medical attitude toward the auxiliary sciences."

BUDAPEST

(From Our Regular Correspondent)

April 10, 1932.

Goethe as a Philosopher and Scientist

At the medical society, professor Dr. Julius Donath gave a memorial address on Goethe as a philosopher. The number of those who know of Goethe's pioneer work in the natural sciences is few. When he edited in 1791 to 1793 the "Beiträge zur Optik" in two volumes, he thought more highly of this work than of his poetry. He created something lasting in the field of physiologic optics, dealing with the subjective symptoms caused by light rays entering the eye and with the color sense.

The close observation of nature was awakened in Goethe by the books in his father's library. The old Johann Kaspar Goethe, whose legal ambitions were not gratified by the patricians of Frankfort-on-Main, withdrew into private life, having inherited a fortune; but the father demanded of his son that he select a practical career and accordingly he matriculated at the faculty of law of Leipzig University. Here, however, he dealt rather with poetry and the occult sciences, which he so enrapturingly utilized in his Faust, in the colloquy of the latter with Wagner, in his meeting with Mephistopheles and in his visit to the witch kitchen. Afterward he moved to the University of Strasbourg, where the professors were not so severe with their students. Here he ardently attended the lectures on anatomy, visited the clinics and even attended a course in obstetrics. He liked to be in the company of medical students. Here he worked, in collaboration with Lavater, on his book entitled "Physiognomische Studien." In 1776, he published his work entitled "Beiträge über Tierschädel"—Contributions on the Animal Skull. In Jena, he took a demonstration course under Professor Löder on the bones and muscles, and soon he was giving lectures on the human osseous system in a drawing school. To his great rejoicing here he discovered the intermaxillary bone, which carries the incisors. This was long known of in zoology but not in anthropology. It was futile for Goethe to accentuate that these "intermediate bonelets" can be seen in young human skulls, because they soon merge with the surrounding bones; but they can be discerned in adult monkeys. Professor Löder accepted this discovery, but the great anatomists Merck, Sömmering, Camper and Blumenbach could not be convinced. From his discovery Goethe forthwith concluded the common origin of man and animals, and thus he was the forerunner of evolution. Officially, the scientific world accorded him recognition only one year prior to his death, when the Kaiserliche Leopoldino Karolinische Akademie had his original treatise with his drawings printed.

There have always been princes and royal courts that valued poetry, arts and science, but the relation between Goethe and August, Prince of Weimar, is unique. Traveling through Frankfort, the prince wished to get acquained with the poet of Werther. The talented and educated prince invited, in 1775, Goethe, as his first minister. Weimar, the capital of the tiny country of about a hundred square miles, became the gathering place of poets, scientists and artists whom Karl August assembled about himself, thus making of Weimar the intellectual center of Germany.

Among the numerous tasks entrusted to Goethe was the promotion of the Ilmenau mine. He took to this work with great fervor and ambition, and began a thorough study of mineralogy and geology in order to win the confidence of his prince. To this end he sought connection with Jena professors and utilized his frequent visits to Carlsbad to study Bohemia from the point of view of mineralogy and geology. The Carlsbad museum, unfortunately visited by few people, contains the original writings of Goethe.

Goethe was the first to recognize the importance of excavated bones and petrifactions in the determination of the age of rocks and periods of the earth.

Particularly important is his botanical treatise "Versuch die Metamorphose der Pflanzen zu erklären," an experiment to explain the metamorphosis of the plants. He recognized that in flowers the pollen and stamen holders are in a state of retrogression. He disagreed with Linné, who proclaimed the invariableness of the species, whereas he was convinced that the botanic forms were flexible and in a position to accommodate themselves to the various influences of the earth. His achievements in research he imparted to his innermost circle of friends, among whom were Merck, Schiller, Herder and Charlotte von Stein.

In the eighties of the past century the science of embryology, founded by Roux, demonstrated that parts of the organism may became transposed and shifted during its development. Goethe's ideas laid down in these treatises were the forerunners of Roux's achievements, and it is undeniable that he raised purely descriptive zoology and botany to the rank of actual sciences.

The term "struggle for existence" originated with Darwin, but its conception was already sharply circumscribed by Goethe with the following words: "All things that come to exist seek space and want to persist; therefore they crowd out one another and shorten their existence." The cell doctrine and the recognition that animal and plant cells are identical we owe to Schwann (1839) and to Brücke, the Vienna physiologist; Goethe foresaw this, in his following declaration: "The organism is a simple, but always a multiple being; it seems to be one, yet it is a conglomeration of independent living beings."

Shortly before his death, Goethe was accorded a great satisfaction, when, in the summer of 1831, he submitted to Geoffrey de St. Hilaire for the French Academy his work "The Metamorphosis of Plants," which was translated into French by Soret under his own supervision, and Hilaire passed the work with the following report: "When Goethe published his work in 1790, the scientific world did not take very much heed of it; it was even regarded as a lapse. In fact, we had to deal with a slip, but such a one as occurs with genius only."

In his optical studies relating to the spectrum, he was led astray by some idealistic preoccupation. He could not accept that white should be composed of several colors. Goethe was unjust when he jeered at Newton's idea in this matter. Goethe's explanation as to the color phenomena was generally recognized, however. His studies relating to the so-called colored shadows are a treasure even today.

Marriages

RUSSELL C. CARRELL, Des Moines, Iowa, to Miss Marguerite Cheney, in Chicago, March 15.

LINDLEY V. SPRAGUE, Madison, Wis., to Miss Virginia Clement of Glen Ellyn, Ill., May 8.

RICHARD E. MARTIN, Two Rivers, Wis., to Miss Catherine O'Brien of Milwaukee, May 24.

DEAN K. STINSON, Rochester, Ind., to Miss Elizabeth Alice Whitaker of Detroit, April 9.

HERBERT J. WITTE, Marathon, Iowa, to Miss Eola Friedman of St. Paul, March 15.

Deaths

Orlando Henderson Petty ✠ Philadelphia; Jefferson Medical College of Philadelphia, 1904; member of the House of Delegates of the American Medical Association, 1926-1928; professor of diseases of metabolism, University of Pennsylvania Graduate School of Medicine; member of the American College of Physicians; past president of the Philadelphia County Medical Society; formerly director of the department of public health of Philadelphia and assistant medical inspector in the division of communicable diseases, bureau of health; served during the World War; was awarded the Congressional Medal of Honor, the Distinguished Service Cross, the French Croix de Guerre with Palm and the Italian War Cross; chief of the department of diseases of metabolism, Philadelphia General Hospital; consultant in diseases of metabolism and malnutrition, Shriners' Hospital for Crippled Children; consultant in metabolic disorders, Rush Hospital for Consumptives; author of "Diabetes—Its Treatment by Insulin and Diet"; aged 58; died, June 2, of a self inflicted bullet wound.

Richard Ward Westbrook, New Canaan, Conn.; Yale University School of Medicine, New Haven, 1891; fellow of the American College of Surgeons; professor of orthopedic surgery, Long Island College Hospital, Brooklyn, 1902-1906; formerly on the staffs of the Bethany Deaconess Hospital, and St. Mary's Hospital, Brooklyn, and the Brooklyn Hospital; aged 68; died, May 11, of coronary disease.

John Markley Ross, Richland Center, Wis.; St. Louis College of Physicians and Surgeons, 1905; member of the State Medical Association of Wisconsin; past president of the Richland County Medical Society; served during the World War; aged 49; died, May 7, in the Richland Hospital, of meningitis following an otitis media and mastoiditis.

Edward Winfield Howard, Fairmont, W. Va.; Jefferson Medical College of Philadelphia, 1894; member of the West Virginia State Medical Association; past president of the Marion County Medical Society; formerly on the staffs of the Cook Hospital and the Fairmont No. 3 Hospital; aged 61; died, April 16, of angina pectoris.

James Henry Carr ✠ Buffalo; University of Buffalo School of Medicine, 1900; fellow of the American College of Surgeons; served during the World War; attending surgeon to the Emergency Hospital of the Sisters of Charity and St. Francis Asylum for Aged; aged 63; died, May 21, of abscess of the lung.

Jesse Edwin Hahn, Warsaw, Ohio; Medical College of Ohio, Cincinnati, 1901; member of the Ohio State Medical Association; for many years member of the school board; formerly member of the county board of health; aged 61; died, May 4, in the Coshocton (Ohio) City Hospital, of heart disease.

Thomas Marshall Jones, Alexandria, Va.; University of Maryland School of Medicine, Baltimore, 1870; member of the Medical Society of Virginia; for many years coroner; aged 83; died, May 11, in the Georgetown University Hospital, Washington, D. C., of hypertrophy of the prostate and uremia.

Arthur J. Burridge, Winnipeg, Manit., Canada; Manitoba Medical College, Winnipeg, 1897; associate professor of medicine at his alma mater; fellow of the American College of Physicians; for many years on the honorary attending staff of the Winnipeg General Hospital; aged 56; died, March 15.

Perry William McLaughlin ✠ Norristown, Pa.; Johns Hopkins University School of Medicine, Baltimore, 1907; served during the World War; aged 49; died, May 20, in the Veterans' Administration Hospital, Coatesville, of a self-inflicted wound which severed an artery in his groin.

Moses A. Karol ✠ Decatur, Ill.; Loyola University School of Medicine, Chicago, 1919; served during the World War; on the staffs of the Wabash Employees' Hospital, St. Mary's Hospital, and the Decatur and Macon County Hospital; aged 38; died, April 24, in Chicago, of heart disease.

Frank Leon Slater ✠ Rochester, N. Y.; Syracuse University College of Medicine, 1920; fellow of the American College of Surgeons; on the staffs of the Rochester General Hospital and the Monroe County Hospital; aged 36; died, April 6, of cyanide poisoning, self-administered.

Anstruther Davidson ✠ Los Angeles; University of Glasgow Medical Faculty, Glasgow, Scotland, 1881; professor emeritus of medicine (dermatology) College of Medical Evangelists; for many years on the staff of the Los Angeles General Hospital; aged 72; died, April 3.

Alexander Brown Kalbaugh ✠ Western Port, Md.; University College of Medicine, Richmond, Va., 1907; served during the World War; formerly secretary of the board of health of Western Port; aged 48; died suddenly, May 15, of coronary embolus.

George John Van Vechten, Blakely, Pa.; Albany (N. Y.) Medical College, 1891; member of the Medical Society of the State of Pennsylvania; served during the World War; aged 66; died, May 1, in the Mid-Valley Hospital, Peckville, of mastoid infection.

Thomas Lovell McRitchie, Chatham, Ont., Canada; Western University Faculty of Medicine, London, 1889; health officer of Chatham and coroner of the district; formerly member and chairman of the board of education; aged 69; died, March 19.

Albert G. Hamilton ✠ Thermopolis, Wyo.; Medical College of Ohio, Cincinnati, 1888; fellow of the American College of Surgeons; president of the Hot Springs County Medical Society; manager of the Hopewell Hospital; aged 68; died, April 7.

William B. Wakefield ✠ Peoria, Ill.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, Chicago, 1907; on the staff of the Methodist Hospital of Central Illinois; aged 47; died, May 11.

Henry Ernest Beck ✠ Moline, Ill.; National Medical University, Chicago, 1906; served during the World War; aged 65; on the staff of the Moline Public Hospital, where he died, May 16, of injuries received in an automobile accident.

Hobert Le Gear Collins, New Westminster, B. C., Canada; University of Toronto Faculty of Medicine, 1900; served with the Canadian Army during the World War; aged 51; died, February 26, in the Royal Columbian Hospital.

Samuel N. Harvey ✠ Chicago; Bellevue Hospital Medical College, New York, 1875; aged 79; on the staff of the Illinios Central Hospital, where he died, May 20, of acute hepatitis.

Edward Eldred Kellogue Chapman, Defiance, Ohio; Hahnemann Medical College and Hospital, Chicago, 1888; member of the Ohio State Medical Association; on the staff of the Defiance Hospital; aged 73; died, March 26.

Constant Perkins Wilson, Jr., Fort Smith, Ark.; University of Pennsylvania School of Medicine, Philadelphia, 1910; member of the Arkansas Medical Society; served during the World War; aged 49; died, April 1, of pneumonia.

Charles Daniel Werley ✠ Reading, Pa.; Jefferson Medical College of Philadelphia, 1889; secretary and for many years member of the school board of Topton, Pa.; aged 69; died, April 19, of chronic pulmonary tuberculosis.

W. Oliver McLane, Frostburg, Md.; University of Maryland School of Medicine, Baltimore, 1892; member of the Medical and Chirurgical Faculty of Maryland; aged 63; was found dead, May 14, of heart disease.

J. Ernest Brown ✠ Lake Providence, La.; Atlanta College of Physicians and Surgeons, 1901; bank president; formerly member of the state board of health; aged 53; died, May 6, of a self-inflicted bullet wound.

Jasper J. Bland, Beaumont, Texas; University of Louisiana Medical Department, New Orleans, 1882; formerly chief diagnostician for the state board of health of Louisiana; aged 81; died, March 30, of pneumonia.

Joseph Vincent Missett ✠ Philadelphia; Medico-Chirurgical College of Philadelphia, 1898; for many years on the staff of the Misericordia Hospital; aged 61; died suddenly, May 14, of angina pectoris.

Silvanus Blanchard Newton, Chevy Chase, Md.; University of Pennsylvania School of Medicine, Philadelphia, 1894; served during the World War; aged 61; died, April 30, of streptococcus septicemia.

James Franklin Crump, Pine Bluff, Ark.; University of Arkansas School of Medicine, Little Rock, 1905; member of the Arkansas Medical Society; aged 58; died, May 6, of cerebral hemorrhage.

Victor Sulviro Merritt, Springfield, Mass.; Medico-Chirurgical College of Philadelphia, 1897; member of the Massachusetts Medical Society; aged 69; died, May 2, of coronary thrombosis.

George De Witt Culver ✠ San Francisco; University of California Medical Department, 1903; member of the American Dermatological Association; aged 55; died, May 9, of pernicious anemia.

William Thomas Jones, Fort Davis, Texas; University of Georgia Medical Department, Augusta, 1884; aged 79; died, April 26, in Galveston, of hypertensive heart disease and arteriosclerosis.

Howard Clarence Minor, Steubenville, Ohio; Ohio Medical University, Columbus, 1897; member of the Ohio State Medical Association; aged 62; died, May 9, in Cleveland, of heart disease.

Cornell Nathan Smith ✠ Syracuse, N. Y.; Syracuse University College of Medicine, 1905; on the staff of the General Hospital; aged 53; died, April 26, of uremia and hypertensive heart disease.

Sidney A. Stokes, Cornersville, Md.; Jefferson Medical College of Philadelphia, 1884; member of the Medical and Chirurgical Faculty of Maryland; aged 69; died, May 19, of heart disease.

Adrian Peter Van Deinse, Sayville, N. Y.; Albany Medical College, 1886; aged 70; died, April 24, in a sanatorium at Brentwood, of arteriosclerosis, myocarditis and acute pulmonary edema.

Horace Bunnell Boyd, Richmond, Ind.; Starling Medical College, Columbus, Ohio, 1881; member of the Indiana State Medical Association; aged 76; died, May 14, of laryngeal tuberculosis.

Charles W. Tidball, Norwood, Ohio; Eclectic Medical Institute, Cincinnati, 1879; aged 75; died, May 6, in the Cincinnati General Hospital, of cerebral hemorrhage and pneumonia.

Robert Tyre Macdonald, Cowansville, Que., Canada; McGill University Faculty of Medicine, Montreal, 1881; aged 75; died, February 23, at the home of his son in Montreal.

Anne Tefft Bingham ✠ New York; Syracuse University College of Medicine, 1900; member of the American Psychiatric Association; aged 56; died, May 20, of heart disease.

George Schoeps, Paris, France; University of the City of New York Medical Department, 1891; member of the Medical Society of the State of New York; aged 74; died, April 2.

J. Charles Schlicht, North McAlester, Okla.; Keokuk (Iowa) Medical College, College of Physicians and Surgeons, 1903; aged 50; died, April 2, of acute septic endocarditis.

George H. Parshall, Freeport, N. Y.; Long Island College Hospital, Brooklyn, 1884; formerly member of the state legislature; aged 88; died, April 2, of pulmonary edema.

William Hugus Keck, Santa Cruz, Calif.; Western Pennsylvania Medical College, Pittsburgh, 1889; aged 82; died, March 24, of arteriosclerosis, myocarditis and nephritis.

Arthur William Wheeler ✠ Toledo, Ohio; Toledo Medical College, 1902; served during the World War; aged 57; died, May 9, of gangrenous appendicitis and peritonitis.

John T. Boldrick ✠ Lebanon, Ky.; Louisville and Hospital Medical College, 1908; proprietor of the Boldrick Infirmary; aged 47; died, May 6, of cerebral hemorrhage.

Joseph Francis Higgins ✠ Trenton, N. J.; Medico-Chirurgical College of Philadelphia, 1902; aged 55; died, April 23, in a hospital at Philadelphia, of toxic poisoning.

Godfrey F. Hamlen, Rochester, Mich.; Michigan College of Medicine and Surgery, Detroit, 1896; aged 66; died, May 5, in the Harper Hospital, Detroit, of diabetes mellitus.

John Henry Edmison, Brandon, Manit., Canada; Manitoba Medical College, Winnipeg, 1898; on the staff of the Brandon General Hospital; aged 58; died, March 22.

James Benono Beckett, Spiro, Okla.; Memphis (Tenn.) Hospital Medical College, 1903; aged 70; died, March 10, following an operation for hypertrophy of the prostate.

Ralph Elmer Jenkins ✠ Pittsburg, Kan.; Ensworth Medical College, St. Joseph, Mo., 1908; aged 46; died, May 4, in St. Luke's Hospital, Kansas City, of heart disease.

Joseph Morley Jory, St. Catharines, Ont., Canada; Trinity Medical College, Toronto, 1894; for many years member of the board of education; aged 64; died, March 21.

Frank A. Morrison, Uhrichsville, Ohio; Pulte Medical College, Cincinnati, 1890; aged 72; died, May 5, in the Twin City Hospital, Dennison, of chronic myocarditis.

Everett Layton Pirkey, Louisville, Ky.; University of Louisville School of Medicine, 1911; served during the World War; aged 48; died, May 16, of heart disease.

Eugene B. Appelget, Chicago; St. Joseph (Mo.) Hospital Medical College, 1880; aged 85; died, May 24, of injuries received when he was struck by an automobile.

Marcus Clifford Reeves ✠ Vidalia, La.; Baltimore University School of Medicine, 1897; aged 57; died, May 4, in Natchez, Miss., of chronic interstitial nephritis.

Dennis Alexis Myers ✠ Philadelphia; Medico-Chirurgical College of Philadelphia, 1902; aged 64; died, March 9, in St. Joseph's Hospital, of influenza and pneumonia.

John V. Bower, Indianapolis; Butler University Medical Department, Indianapolis, 1880; aged 81; died, April 28, of chronic myocarditis and interstitial nephritis.

Frank Merton Robertson Spendlove, Westmount, Que., Canada; University of Bishop College Faculty of Medicine, Montreal, 1881; aged 77; died, March 22.

Berkeley Sherwood-Dunn, Nice, France; Bellevue Hospital Medical College, New York, 1884; served during the World War; aged 64; died, March 29.

Duncan Hamilton McAllister, Sussex, N. B., Canada; McGill University Faculty of Medicine, Montreal, Que., 1898; aged 60; died, March 6, of pneumonia.

Granville Hampton Richards ✠ Port Deposit, Md.; University of Maryland School of Medicine, Baltimore, 1908; aged 48; died, May 10, of heart disease.

Elihu Ashby Fluesmeier, Wright City, Mo.; University of Missouri School of Medicine, Columbia, 1891; aged 61; died, May 4, of heart disease.

Charles B. Marks, Grants Pass, Ore.; Detroit College of Medicine, 1890; veteran of the Spanish-American War; aged 65; died suddenly, March 27.

Carl J. Schneider, New York; University of the City of New York Medical Department, 1884; aged 73; died, March 31, of carcinoma of the tongue.

Samuel Nelson Irwin ✠ New York; University of the City of New York Medical Department, 1892; aged 69; died, May 5, of heart disease.

Henry B. Wright, Gainesville, Ga.; Meharry Medical College, Nashville, Tenn., 1914; aged 42; died, May 6, of cerebral hemorrhage.

Wallace Allison Reed ✠ Covina, Calif.; University and Bellevue Hospital Medical College, New York, 1913; aged 42; died, March 27.

Alexander M. Cowden, Washington, Iowa; College of Physicians and Surgeons, Keokuk, 1880; aged 77; died, April 16, of senility.

James Walsh, Mount Stewart, P. E. I.; University of Pennsylvania School of Medicine, Philadelphia, 1877; died, February 26.

John W. Chamberlain, Wyalusing, Pa.; Jefferson Medical College of Philadelphia, 1886; aged 72; died, May 1, of myocarditis.

Ursin Prejean, Carencro, La.; University of Louisiana Medical Department, New Orleans, 1877; aged 76; died, March 27.

David Thompson ✠ Denver; Denver College of Medicine, 1891; aged 75; died, April 30, in Long Beach, Calif.; of heart disease.

George E. Munroe ✠ New York; College of Physicians and Surgeons in the City of New York, 1877; died, April 3.

Jason Turner, Heuvelton, N. Y.; Detroit Homeopathic Medical College, 1873; aged 84; died, April 4, in Ogdensburg.

Robert Withers Poellnitz, Medford, Ore.; Kentucky School of Medicine, Louisville, 1908; aged 53; died, March 23.

Horace Porter Gillingham, Brooklyn; New York Homeopathic Medical College and Hospital, 1894; died, April 3.

Joel A. Cooper, Bryson City, N. C. (licensed, North Carolina, by years of practice); aged 84; died, February 11.

Jonas Jacobs, New York; College of Physicians and Surgeons, Baltimore, 1886; aged 69; died, April 1.

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Bureau of Investigation

ABORTIFACIENT PASTES

The Exploitation and Dangers of Pastes Sold for Producing Therapeutic Abortion

There are on the European market various pastes that are exploited as simple means of performing therapeutic abortions. The most popular ones are "Interruptin," devised by a Berlin pharmacist, Heiser, and "Provocol," the formula of Dr. J. H. Leunbach, a gynecologist of Copenhagen. The Heiser product appears to be secret in composition. Leunbach has published (*Monatschr. f. Geburtsh. u. Gynäk.* **87**:509, 1931) the formula of his paste, which is given as:

Olive oil	120	gm.
Cacao butter	10	gm.
Potassium hydroxide	18	gm.
Sodium hydroxide	7	gm.
Iodine	2.5	gm.
Potassium iodide	7.5	gm.
Tincture of benzoin	10	gm.
Tincture of myrrh	5	gm.
Thymol	0.25	gm.
Distilled water, to make	250	gm.

This paste, known in Europe as Provocol, is now on the American market under the name "Leunbach' Paste." It comes in a collapsible tube with a turn-key and an intra-uterine cannula to be attached to the mouth of the tube.

For the past year or two, physicians in Germany have been urged to employ these pastes as an allegedly simple means of performing therapeutic abortions. It is claimed that the method can readily be used in the physician's office and the patient return to her home immediately and without danger. The instructions to inject the uterine cavity, through the cannula, from 15 to 50 cc. of the paste, the amount injected depending on the duration of the pregnancy. The claim is made that within thirty-six hours after the injection, the uterus generally will empty itself with a moderate amount of bleeding and with little pain, and in a manner that is even smoother than a spontaneous abortion.

The preparation Leunbach' Paste, now on the American market, is put out by the Vauka Chemical Works, Inc., of Newark, N. J. A leaflet sent out by this company has this to say about the product:

"LEUNBACH' PASTE consists of a soap base in which iodine, potassium iodide, thymol and astringents are incorporated. It is packed in collapsible tubes with turn-key and applied by means of an especially constructed intrauterine metal cannula with a rounded tip.

"LEUNBACH' PASTE is formulated on the principle of producing a continuous action upon the uterine mucous membrane, and in this way bringing about a separation of the ovum. It is indicated in spontaneous abortions with retention of the entire, or parts of the ovum. Its chief indication, however, is the induced arrest of the natural process, for therapeutic reasons. It offers distinct advantages over the usual curettage."

Leunbach in a recent article (*Monatschr. f. Geburtsh. u. Gynäk.* **90**:446, 1932) maintains that in using these pastes it is necessary, in order to avoid danger, that they must be free from air. He also states that as they are not antiseptic enough to guarantee against sepsis, the cervical canal must be free from pathogenic bacteria. Further, they should not be used during the first six weeks of gestation.

It is not surprising, in view of the enthusiastic reports of the manufacturers and advocates of the various pastes of this type, together with the obvious simplicity in their use, that the products have become popular. Foreign medical literature, however, indicates that ideal results from the use of such pastes —that is, spontaneous expulsion of the ovum without much pain or bleeding—are obtainable in only about one-fourth of the cases. In many instances, the uterine contractions are unusually painful, and the period of expulsion may last for five or six days. In others, there is severe hemorrhage and many instances are on record in which the uterus had to be emptied instrumentally or digitally.

Some patients develop fever and, in all cases, there is danger of perforation of the uterus, with the almost inevitable peritonitis. In one case reported by Seitz (*Zentralbl. f. Gynäk.* **56**:885, 1932), peritonitis resulted not from perforation, but from penetration of the infection through the uterine wall to the peritoneum of the culdesac of Douglas.

Within a comparatively short period of time, there have recently appeared in German literature reports of twenty-five deaths that have resulted from the use of these abortifacient pastes. Doubtless, more fatalities have occurred than have been reported. Some of the deaths, according to the reports, were caused by air embolism and others by fat embolism. Kustner (*Zentralbl. f. Gynäk.* **56**:754, 1932) has proved experimentally that in some cases the death was attributable to the poisoning by the paste (Interruptin) itself. Kustner injected into the veins of guinea pigs from 1 to 1.5 cc. of the filtrate of a 1:75 solution of Interruptin, and the animals died within from a few minutes to three hours. As from 30 to 50 cc. of Interruptin is supposed to be injected into the uterine cavity to produce abortion, death might ensue if 1 to 1.5 cc. of the paste finds its way into the general circulation. The paste, Interruptin, is said to quickly liquify in the uterus, because of the body heat, and its entrance into the bloodstream is thus favored, especially if it reaches the placental site.

Naturally, the use of these pastes has a medico-legal significance. It is reported by Brack (*Zentralbl. f. Gynäk.* **56**:687, 1932) that two physicians in Hamburg used Interruptin to produce abortions and both patients died within a few minutes. The judge before whom the physicians were tried was lenient, saying that he did not hold them to blame so much as the blatant advertisements of the manufacturers. He warned, however, that in the future he would deal severely with physicians who used such pastes.

As has already been stated, physicians in this country are now receiving circulars extolling the alleged virtues of Leunbach' Paste. These describe how readily the paste may be used to produce abortions for therapeutic purposes. It does not take much stretch of the imagination to believe that physicians and midwives who make a business of performing abortions illegally will turn to such pastes, because of their simplicity. It is not inconceivable that some reputable physicians, now in dire financial straits, may be tempted to use this simple means for inducing abortion when the therapeutic indications are not clear.

In the matter already quoted from the Vauka Chemical Works' circular on Leunbach' Paste, it will be noted that the physician is told that the paste is "indicated in spontaneous abortions with retention of the entire, or parts, of the ovum." Such a statement may easily lead to fatalities, because as Wagner has pointed out (*Monatschr. f. Geburtsh. u. Gynäk.* **90**:445, 1932), such pastes are most dangerous when used in cases where an abortion is in progress and bleeding is taking place. In these cases, the paste might easily be injected into open veins in the placental site and lead to paste embolism or to fatal poisoning.

Correspondence

INFLUENCE OF HEREDITY ON CANCER

To the Editor:—Referring to your editorial on the influence of heredity on cancer (THE JOURNAL, May 7), may I call attention to a neglected method for determining the importance of hereditary factors in the etiology of cancer and other tumor formations. I have in mind the method based on the study of twins.

As all know, twins are of two kinds, monozygotic and dizygotic. Monozygotic twins have the same hereditary endowment, whereas dizygotic twins, like siblings, do not have an identical heredity, although they are the offspring of the same parents.

If cancer occurs on the basis of heredity as an essential etiologic factor, then in cases of monozygotic twins, if one is affected, the other will be likely to be similarly affected, even as regards the type of growth and its localization. In cases of dizygotic twins, the chance is greatly against such correspondence.

It would be a simple matter for any of the cancer research foundations or large clinics to investigate cases of cancer in twins and to derive from a comparison of monozygotic and dizygotic twins a measure of the importance of heredity in the etiology of cancer.

The literature contains, here and there, reports of such cases, but in order to settle the issue it will be necessary to collect at least one hundred pairs of twins with cancer. In other words, there must be an amount of this type of material that would be sufficient for statistical treatment.

About two years ago I undertook a research of mental disorders in twins for a similar purpose. In the course of the study I came across a case of a pair of monozygotic twins born in 1849. Both twins had had attacks of manic-depressive psychoses, for which they were treated in state hospitals in Pennsylvania. It so happens that they both eventually died within a few months of each other of carcinoma of the right side of the face.

This case was referred to me by Dr. S. M. Miller, superintendent of the Norristown State Hospital, Norristown, Pa.

AARON J. ROSANOFF, M.D., Los Angeles.

COMMENT.—The occurrence of cancer in identical twins is of great significance. Unfortunately, such an occurrence is so rare that it has not been possible to secure enough cases to give important results. Up to the present, only about half a dozen such cases have been described in the medical literature of the entire world. Therefore, it is improbable that it would be possible to collect anything like the hundred pairs of twins with cancer desired for statistical study. A serious difficulty in interpreting the significance of the few cases already recorded in which identical twins have developed identical tumors lies in the fact that no one seems to have thought it important to report the equally significant occurrence of cancer in one of a pair of identical twins and its absence in the other.—ED.

PUBLIC HEALTH INTELLIGENCE OF THE HEALTH ORGANIZATION OF THE LEAGUE OF NATIONS

To the Editor.—May I through the courtesy of your columns bring to the notice of public health administrators the facilities that exist in the Health Organization of the League of Nations for the supply of information relating to the detailed application of different public health methods in various countries. In addition, comparative information is available with regard to epidemiologic statistics and public health legislation.

The Health Organization is willing to supply, as far as possible, data on these branches of preventive medicine.

Inquiries are, however, limited to those from the heads of large administrations or the heads of scientific institutions, who should indicate the purpose for which the information is required in view of the amount of work that unconsidered requests necessarily involve. Furthermore, inquiries should be limited to information that is not already in the medical press.

All inquiries should be addressed to the Medical Director, Health Section, marked "Public Health Intelligence," League of Nations, Geneva, Switzerland.

LUDWIK RAJCHMAN, Geneva.
Medical Director, Health Section,
League of Nations.

"TREATMENT OF HEMOPHILIA BY AN OVARIAN EXTRACT BY BIRCH'S METHOD"

To the Editor.—Female sex hormone therapy in hemophilia seems to be proving of distinct value. Too great care, therefore, cannot be exercised in scrutinizing all reports of this treatment of hemophilia before permitting their publication.

A case in point is the report by Drs. Alvin G. Foord and Ben R. Dysart in THE JOURNAL, April 23. They here reported the stoppage of bleeding by an injection of ovarian extract, the hemorrhage ceasing within five minutes of the injection. No one familiar with this therapy would expect or credit an effect of the ovarian extract within five minutes of its administration. The bleeding recorded in the patient's family is quite inadequate to establish a diagnosis of hemophilia.

I have closely observed the use of ovarian extract therapy on several severely hemophilic patients by Dr. Charlotte Wiedemer of Cincinnati during the past year. The treatment has definite value, although it is by no means entirely corrective for the hemophilic condition. The effect of a single injection is slight, full benefit coming only after injections have been given every two or three days for a week or more.

C. A. MILLS, M.D., Cincinnati.
Professor of Experimental Medicine,
University of Cincinnati College
of Medicine.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

IMPOTENCE

To the Editor:—Recently a single man, aged 24, came to me for medical advice, as for the past two and a half years he has been unable to have an erection. In discussing the condition with this patient, he tells me he has never had intercourse more than once monthly, and that while he has masturbated to some extent he feels that he has done no more of it than is indulged in by the average individual. A complete physical examination reveals nothing abnormal other than the symptoms mentioned, except that the hearing is slightly deficient. I am at a loss as to what should be done. Can you outline a course of treatment that might enable me to be of service to him? I may say here that this man is of keener intelligence than the average individual. Please omit name and city.

M.D., Mississippi.

ANSWER.—From the history, it may be assumed that the presence of syphilis, diabetes and cerebrospinal conditions have been ruled out. It is also evident that the masturbation is not the cause of the impotence.

The history does not give clear information as to whether the inability to have an erection is of recent origin or whether it has existed from the commencement of the patient's sexual life. This is important as regards prognosis, as a patient who was at one time normal in this regard is almost certain to get well with proper treatments, while those who have always been weak sexually, showing that there might possibly exist a congenital weakness of all the sexual centers, give a rather doubtful prognosis. However, the fact that the patient has indulged in masturbation makes the prognosis better, as it indicates that the patient has sexual feelings. It is also important to establish whether the patient could obtain an erection during masturbation, as this would also indicate that there is no gross organic deficiency in the sexual apparatus to prevent an erection.

The main point in all cases of impotence is accurate diagnosis. It must be definitely established by a competent specialist whether there exists any local congestion in the prostate or prostatic urethra. The former can be determined by an examination of the prostate by rectum, and the latter by inspecting the prostatic urethra with the cysto-urethroscope, always remembering that it is not necessary to find gross pathologic changes by this examination, but that a mere congestion may be sufficient to cause all the symptoms.

If such local congestions are found, it is of the utmost importance to remove them before starting any stimulating treatment. In this case the patient should be treated every five or six days by gentle massage of the prostate and instillations of weak silver nitrate solution with the Bangs sound syringe. The first solution employed should be 1:3,000, and this strength may gradually be increased until a strength of 1:500 is reached. During this preliminary treatment, the patient must avoid tea, coffee, alcoholic liquors and all sexual excitements, especially ungratified sexual excitements.

Many patients become absolutely well as soon as the local congestions have been removed. Others, however, especially if the condition has lasted for a long time, may need stimulating treatment, as there has developed a weakening of the muscles involved in the act of connection.

The following stimulating treatment may be employed not only in the cases just mentioned but also in those cases in which there is no local congestion but a weakened condition of the sexual muscles.

The stimulating treatment consists in the use of the sinusoidal-faradic current of moderate rapidity and as strong as the patient can bear without any pain. It is important that no pain be caused and that the patient be informed of this fact, as some patients will believe that the more of the electricity they get, the better, and will therefore allow themselves to receive strong currents without a murmur, which is harmful.

One cable is connected with a rectal electrode and the other with a wet-sponge electrode applied to the perineum and the current is allowed to pass for about ten minutes. Treatments may be given every third or fourth day.

At present there is no aphrodisiac, whether made from a testicular extract or otherwise, that has any beneficial effect in these cases. Whatever good results have been reported were either accidental or psychic.

The vast majority of cases will respond favorably to the treatment outlined, but occasionally cases are seen in which there is a definite psychic inhibition, such as fear of pregnancy, fear of venereal disease or fear of being discovered in the act. Such persons must receive common sense general treatment, but, while admitting the possibility of a psychic impotence, the physician must not make the mistake so often made of considering every case of impotence psychic and as a result neglect to submit the patient to a thorough examination for organic conditions.

TREATMENT OF SYPHILIS

To the Editor:—Will you kindly advise me whether an individual who has received intensive antisyphilitic treatment, consisting of 145 neoarsphenamine and bismuth injections for one year and in whom no change in the original 4+ Wassermann reaction has materialized, should receive further treatment and, if so, for how long a time, if the Wassermann reaction remains constantly positive without any variation? The spinal fluid is positive. Kindly omit name.

M.D., New York.

ANSWER.—After a year of such strenuous treatment, a rest is indicated and a thorough neurologic examination before further treatment can be planned. If there is a trend toward dementia paralytica and no contraindications to tryparsamide are found, a course of this drug alternating with mercury should be given. If the nervous involvement is of some other type, after a rest of at least two months less strenuous therapy with alternation of one of the arsphenamines and mercury may be resumed, iodides being given before the course of arsphenamine and during the administration of mercury. The blood reactions should be regularly noted and an examination of the spinal fluid should be made once a year. The general good health of the patient is the first desideratum. If a second year of treatment shows but slight improvement, some form of fever therapy may be used. This patient should have some treatment as long as he lives, though it may be but one course a year. It is often advisable, however, not to discourage him by telling him this.

COMPENSATION FOR LOSS OF VISION

To the Editor:—May I ask a question concerning the interpretation of the standard method approved by the House of Delegates at the session of the American Medical Association in Atlantic City in 1925, in determining impairments to the vision of a patient who has a corneal opacity near the periphery of the pupil? This corneal opacity casts a shadow on the visual field and produces some shadowing near the periphery when the field is taken by the usual perimetric methods. Has it been the intention of the committee in estimating visual impairments to include this as a disturbance of the field of vision, or have visual field disturbances reference only to actual pathologic changes in the field, such as constriction of the field due to disease of the optic nerve, or the results of acute retinitis and other pathologic conditions of the retina? In interpreting corneal opacities our industrial commission is insisting that, in addition to the reduction of visual acuity which results, a visual field factor be applied as well. Could you advise me what the intention of the committee was with reference to such corneal opacities?

HARRY WINKLER, M.D., Charlotte, N. C.

ANSWER.—It was not the intention of the committee to include visual field defects due to opacities of the cornea. If the opacity is sufficiently central to cause an interference with the visual acuity the compensation would be adequate to care for the damage done. But if the opacity is eccentric to the pupillary area, it is questionable whether a "shadow on the visual field" could be estimated with sufficient accuracy for purposes of compensation. Furthermore, on page 9 of the compensation report the second paragraph states that "compensation for loss in industrial visual efficiency as provided for above does not include compensation for any cosmetic defect. . . . Additional compensation should be awarded for such losses when not specifically provided for by statute." Consequently, it would seem to the committee that such corneal opacity should be compensated for on the basis of a cosmetic defect rather than a "shadow on the visual field."

ADMINISTRATION OF ARSPHENAMINE

To the Editor:—Does arsphenamine cause sclerosis and obliteration of veins more frequently than neoarsphenamine? If it does, can anything be done to prevent this action? After sclerosis has occurred in veins as a result of arsphenamine therapy, is there any adequate form of treatment that will make them normal again?

HARVEY L. JORGENSON, M.D., Kenosha, Wis.

ANSWER.—There is no more sclerosis and obliteration of veins caused by arsphenamine than by neoarsphenamine, if the preparation is given properly. The average case of sclerosis of the veins following the use of arsphenamine is due to improper percentage of alkali in the solution. If one is careful to follow the technic advised by the United States Public Health Service, 0.85 cc. of tenth normal sodium hydroxide to each tenth of a gram of arsphenamine, the solution that results will not cause irritation of the veins. Moreover, in using a tenth normal solution of sodium hydroxide one should be careful to have it retitrated from time to time, as possibly from evaporation or other cause it may become more concentrated and then the preparation would be too alkaline and would cause an endophlebitis with resultant sclerosis. If one is using arsphenamine in the treatment of syphilis, it is well to give it by the gravity method with a two way valve cock, using physiologic solution of sodium chloride first to see that the needle is in the vein and following up the administration of the arsphenamine by thoroughly flushing out the vein with a further larger amount of saline solution. This would also tend to obviate any damage from a too alkaline solution of the arsphenamine. Once sclerosis has formed in the veins, there is nothing to be done for them.

SWELLING OF LIPS

To the Editor:—A girl, aged 17 years, had an attack in which her lips became swollen, bluish and painful. Thinking of angioneurotic edema, I gave her ephedrine sulphate, which did not relieve the condition. She felt well otherwise. I prescribed calcium and salts, and the swelling subsided slowly. Itching, peeling and discomfort in the lips are still present. I have advised changing her brand of toothpaste to a mild, nonirritating brand. Can I do anything more to relieve her? What tests can be done to help make a diagnosis? Please omit name.

M.D., Wisconsin.

ANSWER.—The swelling might well have been due to angioneurotic edema. Against this assumption, however, is the fact that no previous attacks had occurred and that after the swelling subsided peeling took place, which is uncommon in true angioneurotic edema and makes one suspicious of some infectious process or an insect bite or trauma rather than hypersensitivity. The patient should be watched for further attacks, if any. If swellings recur, the diet should be scrutinized, especially for some unusual food. Contact with some irritant, such as a cosmetic, should be thought of. Drug idiosyncrasy must also be taken into account. Protein sensitization tests are frequently successful in angioneurotic edema; elimination diets are often of great help. For symptomatic treatment of the swellings probably the best is epinephrine hydrochloride, 1:1,000, from 0.5 to 1 cc., subcutaneously; ephedrine hydrochloride by mouth, from 0.025 to 0.050 Gm. (⅜ to ¾ grain) comes next. Administration of calcium is harmless, though its efficacy is questionable.

COLD FEET

To the Editor:—A girl about 9 years of age has cold feet. The mother says that as a baby the child had to have warm socks at times when other children were wearing none. The girl is normal in every ordinary way; well developed, a good scholar, good disposition and all that sort of thing. There is no evidence of unbalanced circulation, excepting at the feet. Please suggest an explanation and treatment to make skating and other sports more enjoyable. Please omit name.

M.D., Connecticut.

ANSWER.—With the unusual coldness of the feet, coarctation should be excluded as a possible cause of lessened blood supply. The color reactions to cold should be carefully studied to exclude early manifestations of Raynaud's disease. Diathermy might be tried over the area of the second, third and fourth lumbar ganglions to see whether the temperature of the feet becomes normal. The cold feet may be due to a hyperactivity of the sympathetic nervous system. Unless something more than cold feet is found, one may simply resort to additional thickness of stockings, together with an attempt to increase vascular tone by contrast baths to the feet, hot thirty seconds, followed immediately by cold fifteen seconds, hot fifteen, cold fifteen and hot thirty, twice a day.

In skating, constricting straps about the feet and ankles should be avoided.

Council on Medical Education and Hospitals

COMING EXAMINATIONS

ALABAMA: Montgomery, July 11. Sec., Dr. J. N. Baker, 519 Dexter Ave., Montgomery.

AMERICAN BOARD FOR OPHTHALMIC EXAMINATIONS: Montreal, Sept. 19. Sec., Dr. William H. Wilder, 122 S. Michigan Ave., Chicago.

ARIZONA: Phoenix, July 5-6. Sec., Dr. B. M. Berger, 12 North Central Ave., Phoenix.

CALIFORNIA: San Francisco, July 11-14. Sec., Dr. Charles B. Pinkham, 420 State Office Bldg., Sacramento.

COLORADO: Denver, July 5. Sec., Dr. Wm. Whitridge Williams, 422 State Office Bldg., Denver.

CONNECTICUT: *Regular.* Hartford, July 12-13. *Endorsement.* July 26. Sec., Dr. Thomas P. Murdock, 147 W. Main St., Meriden. *Homeopathic.* New Haven, July 12. Sec., Dr. Edwin C. M. Hall, 82 Grand Ave., New Haven.

DISTRICT OF COLUMBIA: *Basic Science.* Washington, June 29-30. *Regular.* Washington, July 11-12. Sec., Dr. W. C. Fowler, 203 District Bldg., Washington.

HAWAII: Honolulu, July 11-14. Sec., Dr. James A. Morgan, Room 48 Young Bldg., Honolulu.

ILLINOIS: Chicago, June 28-July 1. Supt., Mr. Paul B. Johnson, Springfield.

INDIANA: Indianapolis, June 21-23. Sec., Dr. William R. Davidson, 413 State House, Indianapolis.

KANSAS: Kansas City, June 21-22. Sec., Dr. C. H. Ewing, Larned.

MAINE: Augusta, July 5-6. Sec., Dr. Adam P. Leighton, Jr., 192 State St., Portland.

MARYLAND: Baltimore, June 21-24. Sec., Dr. Henry M. Fitzhugh, 1211 Cathedral St., Baltimore.

MASSACHUSETTS: Boston, July 12-14. Sec., Dr. Stephen Rushmore, 144 State House, Boston.

MINNESOTA: Minneapolis, June 21-23. Sec., Dr. E. J. Engberg, 524 Lowry Medical Arts Bldg., St. Paul.

MISSISSIPPI: Jackson, June 28-29. Asst. Sec., Dr. R. N. Whitfield, Jackson.

NATIONAL BOARD OF MEDICAL EXAMINERS: Examinations in Parts I and II will be held at all centers where there are five or more candidates, but not at Durham, Minneapolis, nor New Haven, June 27-29. Ex. Sec., Mr. Everett S. Elwood, 225 South 15th St., Philadelphia.

NEW JERSEY: Trenton, June 21-22. Sec., Dr. James J. McGuire, 1101 Trenton Trust Bldg., Trenton.

NEW YORK: Albany, Buffalo, New York, Syracuse, June 27-30. Chief, Professional Examinations Bureau, Mr. Herbert J. Hamilton, Room 315 State Education Bldg., Albany.

NORTH CAROLINA: Raleigh, June 20. Sec., Dr. John W. MacConnell, Davidson.

NORTH DAKOTA: Grand Forks, July 5-8. Sec., Dr. G. M. Williamson, Grand Forks.

OREGON: Portland, July 5-7. Sec., Dr. C. J. McCusker, 1014 Medical Dental Bldg., Portland.

PENNSYLVANIA: Philadelphia and Pittsburgh, July 5-9. Sec., Mr. Charles D. Koch, Dept. of Public Instruction, Harrisburg.

RHODE ISLAND: Providence, July 7-8. Dir., Dr. Lester A. Round, 319 State Office Bldg., Providence.

SOUTH CAROLINA: Columbia, June 28. Sec., Dr. A. Earle Boozer, 505 Saluda Ave., Columbia.

SOUTH DAKOTA: Waubay, July 19. Dir., Dr. H. R. Kenaston, Bonesteel.

TEXAS: Marlin, June 21-23. Sec., Dr. T. J. Crowe, 918-19 Mercantile Bank Bldg., Dallas.

UTAH: Salt Lake City, July 6-8. Dir., Mr. S. W. Golding, 326 State Capitol Bldg., Salt Lake City.

VERMONT: Burlington, June 22-24. Sec., Dr. W. Scott Nay, Underhill.

WASHINGTON: *Basic Science.* Seattle, July 7-8. *Regular.* Seattle, July 11-12. Dir., Mr. Charles Maybury, Olympia.

WEST VIRGINIA: Harpers Ferry, July 12. Sec., Dr. W. T. Henshaw, State Health Dept., Charleston.

WISCONSIN: Milwaukee, June 28-30. Sec., Dr. Robert E. Flynn, 315 State Bank Bldg., LaCrosse.

New Hampshire March Report

Dr. Charles Duncan, secretary, New Hampshire Board of Registration in Medicine, reports the oral and written examination held at Concord, March 10-11, 1932. The examination covered 12 subjects and included 100 questions. An average of 75 per cent was required to pass. Two candidates were examined, both of whom passed. Two physicians were licensed by reciprocity with other states and 2 physicians were licensed by endorsement. The following colleges were represented:

College	PASSED	Year Grad.	Per Cent
Columbia Univ. College of Physicians and Surgeons		(1929)	81
McGill University Faculty of Medicine		(1931)	86
College	**LICENSED BY RECIPROCITY**	**Year Grad.**	**Reciprocity with**
Tufts College Medical School		(1929)	Mass.
Fordham University School of Medicine, New York		(1913)	New York
College	**LICENSED BY ENDORSEMENT**	**Year Grad.**	**Endorsement of**
Boston University School of Medicine		(1929)	N. B. M. Ex.
Harvard University Medical School		(1929)	N. B. M. Ex.

Oklahoma March Report

Dr. J. T. Byrum, secretary, Oklahoma State Board of Medical Examiners, reports the written examination held at Oklahoma City, March 8-9, 1932. The examination covered 12 subjects and included 120 questions. An average of 75 per cent was required to pass. Three candidates were examined, all of whom passed. Three physicians were licensed by reciprocity with other states and one physician was licensed by endorsement. The following colleges were represented:

College	PASSED	Year Grad.	Number Passed
University of Oklahoma School of Medicine		(1931)	1
Meharry Medical College		(1929)	1
University of Wisconsin Medical School		(1931)	1
College	**LICENSED BY RECIPROCITY**	**Year Grad.**	**Reciprocity with**
University of Louisville School of Medicine		(1927)	N. Carolina
Tulane University of Louisiana School of Medicine		(1923)	Texas
Columbia Univ. College of Physicians and Surgeons		(1929)	Kansas
College	**LICENSED BY ENDORSEMENT**	**Year Grad.**	**Endorsement of**
Washington University School of Medicine		(1928)	N. B. M. Ex.

Rhode Island April Report

Dr. Lester A. Round, director, Rhode Island State Public Health Commission, reports the written and practical examination held at Providence, April 7-8, 1932. The examination covered 7 subjects and included 70 questions. An average of 80 per cent was required to pass. Twelve candidates were examined, all of whom passed. The following colleges were represented:

College	PASSED	Year Grad.	Per Cent
University of Maryland School of Medicine and College of Physicians and Surgeons		(1930)	85.4
Harvard University Medical School		(1929)	88.5, 89.9
Tufts College Medical School		(1931)	90.8*
St. Louis University School of Medicine		(1929)	86.6
Hahnemann Medical College and Hospital of Philadelphia		(1931)	85.8,* 87.7,* 89.4*
Jefferson Medical College of Philadelphia		(1928)	92.3
Marquette University School of Medicine		(1931)	80.1
Dalhousie University Faculty of Medicine		(1928)	89.2
Laval University Faculty of Medicine		(1931)	84.5

* Certificates being withheld pending completion of internship.

Wisconsin Reciprocity Report

Dr. Robert E. Flynn, secretary, Wisconsin State Board of Medical Examiners, reports the oral and practical examination for reciprocity and endorsement candidates held at Milwaukee, April 6, 1932. Fifteen candidates were examined, all of whom passed. The following colleges were represented:

College	LICENSED BY RECIPROCITY	Year Grad.	Reciprocity with
Rush Medical College		(1929), (1931, 2)	Illinois
University of Illinois College of Medicine		(1922), (1926)	Illinois
Indiana University School of Medicine		(1930)	Indiana
Univ. of Minnesota Med. School		(1929),* (1930),* (1932, 2)	Minnesota
Ohio State University College of Medicine		(1929)	Ohio
Marquette University School of Medicine		(1931)	Illinois
Western University Faculty of Medicine, Ontario		(1909)*	N. Dakota
Osteopath †			Iowa
College	**LICENSED BY ENDORSEMENT**	**Year Grad.**	**Endorsement of**
Harvard University Medical School		(1929)	N. B. M. Ex.

* Licenses are being withheld pending completion of credentials.
† Licensed to practice osteopathy and surgery.

Ohio Reciprocity Report

Dr. H. M. Platter, secretary, Ohio State Medical Board, reports 20 physicians licensed by reciprocity with other states, April 5, 1932. The following colleges were represented:

College	LICENSED BY RECIPROCITY	Year Grad.	Reciprocity with
University of Arkansas School of Medicine		(1929)	Arkansas
Indiana University School of Med.		(1924), (1929), (1930)	Indiana
University of Kansas School of Medicine		(1928)	Kansas
University of Louisville School of Medicine		(1926), (1931)	Kentucky
Baltimore Medical College		(1907)	New York
Univ. of Michigan Med. School		(1924), (1929, 2), (1930, 2)	Michigan
Washington University School of Medicine		(1909)	Missouri
Cornell University Medical College		(1904)	New York
Fordham University School of Medicine		(1921)	New York
University of Pennsylvania Department of Medicine		(1903)	Penna.
Meharry Medical College		(1926), (1927)	N. Carolina
University of Wisconsin Medical School		(1930)	Wisconsin

Medical Economics

A CONSULTATION SERVICE FOR PATIENTS OF MODERATE MEANS

GEORGE BAEHR, M.D.
NEW YORK

A consultation service for people of moderate means was inaugurated at the Mount Sinai Hospital, New York, Nov. 24, 1931. A brief report on its activities and its future possibilities seems warranted by the widespread interest, both favorable and critical, which this type of public service has heretofore aroused.

The service was established by members of the medical staff of the Mount Sinai Hospital, in cooperation with the board of trustees of the hospital, and is restricted to patients of moderate means referred by their family physician. It is designed as an aid to the physicians of the community in the investigation of patients with clinically obscure conditions requiring multiple consultations and laboratory examinations in order to establish a diagnosis. The service is based on the conviction that the full advantage of competent medical care can best be achieved under the continuous guidance of a family physician but that, in order to accomplish this, he must be provided with complete and easily available diagnostic facilities to supplement his own resources.

Diagnostic clinics heretofore established have met with one or more of the following criticisms:

1. The clinics accept patients who are not referred by physicians, carry out all forms of therapy, and thus practice medicine in competition with the family practitioner.

2. The clinics are manned largely by physicians who do not possess adequate scientific training and clinical experience.

3. Some diagnostic clinics are merely part of a general public dispensary, and the primary principle—to keep the patient in the hands of his physician—is in conflict with the function of the public dispensary which takes over the complete management of the poor patient.

THE MOUNT SINAI PLAN

The Mount Sinai Consultation Service is organized, staffed and administered by internists, surgeons and specialists who are members of the visiting staff of the hospital proper. It functions as an independent detached unit of the hospital and occupies space in the hospital's new building for semiprivate patients. No patients are accepted unless referred by their physicians. The work is limited exclusively to diagnosis. On completion of the clinical investigation, the patient is promptly returned to the referring physician, who receives as complete a diagnostic opinion as possible, together with detailed advice concerning appropriate therapy. No therapy is practiced, but the physician who refers a patient is invited to avail himself of the advice and guidance of the staff in carrying out the therapeutic procedures recommended.

As the aim of the service is to cooperate with practitioners in the medical care of people of limited means, the economic level of eligibility is a maximum income of $2,400 a year for unmarried individuals and $4,000 for total family income. For families of more than five members, an extra allowance of $400 may be added for each additional dependent. Physicians are requested to refer only patients who fall within this economic group and the patients are expected to give satisfactory information concerning salaries or other income, rent and the names of employer and landlord.

A flat fee of $35 is charged all patients regardless of the nature of their illness or the number of consultations or laboratory examinations that may be required. To avoid interference with the practice of individual consultants, the fee for a comprehensive examination is purposely set at about double the average amount charged a patient of this class by a specialist for an individual consultation or major laboratory examination. It is the intention of the service to maintain a flat fee schedule in preference to a sliding scale. Its obvious advantages are that (1) the patient knows the total maximum cost in advance irrespective of the nature of the condition that may be found and the number or complexity of the diagnostic procedures that may prove to be necessary; (2) the physicians of the consultation service do not find themselves restricted in the thoroughness and completeness of their diagnostic investigation by the patient's financial limitations.

CLINICAL ROUTINE

For the present, new patients are assigned appointments through their physicians for Tuesday, Thursday and Saturday afternoon. On arrival, a record is made by the clinic secretary of the economic status of the patient and of his family. If the patient is accepted, the referring physician is notified by letter that the diagnostic investigation has been begun and that he may expect to receive a detailed report on its completion. After admission, a secretary enters the preliminary data on the clinical record and the patient is taken to the laboratory. Pulse, respiration, temperature and weight are recorded by a nurse and then a number of preliminary routine laboratory procedures are performed, such as urine analysis, blood count, Kahn or Wassermann test for syphilis, and sedimentation test of the red blood cells. The blood obtained for the last test is then available for any chemical analyses that may subsequently be needed.

Each patient is then interviewed by the director or associate director of the consultation service, the referring physician's letter is read, and the patient is assigned to one of the internists. After the clinical history has been taken and the physical and fluoroscopic examination recorded, the details of the diagnostic investigation are planned by the internist in conference with the director or associate director. In addition to internists, a gynecologist and a laryngologist serve daily, and other consulting specialists are always on call. Many of the consultations and some special laboratory examinations can be completed on the first visit, such as blood chemical analyses, tests of renal or hepatic function, electrocardiography, oscillometry and certain roentgenologic procedures on parts of the body, such as the heart, lungs, sinuses and bones, which require no special preparation of the patient. On the intervening days of the week (Monday, Wednesday and Friday), patients return for special diagnostic procedures, such as basal metabolism determinations, Rehfuss or Ewald test meals, confirmatory reexaminations of various kinds, roentgenologic examinations, cystoscopies, proctoscopies, biopsies, and some of the specialist consultations.

Only rarely can the investigation be completed at the first visit. The patients average three or four visits, or about seven days for completion of the study. Unusually difficult or complicated cases require a longer period. Two or three additional days are necessary before all reports are received and recorded, the case summarized by the internist, and the final report to the referring physician is dictated by the director or associate director.

The final correlation and interpretation of all the observations devolves eventually on the director of the service. If there is any doubt about the accuracy of the diagnosis or the completeness of the investigation, the patient is summoned for a reexamination by the director or associate director before the final report is made to the referring physician.

STAFF

The staff of the consultation service is recruited solely from the visiting staff of the hospital. For children, a pediatrician replaces the internist. Internists, gynecologists and laryngologists are on duty during the time of year when they are off ward service. All other consulting specialists are chosen from those who are on duty in the hospital because they are

available every afternoon. This assures a gradual rotation of service among all members of the hospital staff. No distinction is made between associates and adjuncts. Full attending physicians are called whenever justified by the nature of the case, and they respond as promptly as the junior members of the visiting staff. The members of the visiting staff who participated in the diagnostic investigation of the first 350 patients included 11 internists, 2 pediatricians and 31 specialists (1 hematologist, 3 otologists, 4 laryngologists, 2 orthopedic surgeons, 2 genito-urinary surgeons, 3 general surgeons, 3 neurologists, 4 psychiatrists, 4 gynecologists, 1 dermatologist, 3 ophthalmologists and 1 dentist).

COMPENSATION

Half the gross income per month is available for payment of the medical staff. The internists see two or three new patients in an afternoon, which requires from two to three hours. For this period of time, they receive credit for one work unit. Consultants are credited with half a unit for one consultation and with a full unit for two or more consultations during the same afternoon. The duties of the director and associate director demand three or four times as many hours a week as those of an internist, but, as the consultation service cannot afford to compensate them proportionately, they are assigned two units of credit for each actual clinic afternoon. In this manner their compensation does not depend on the time they spend in the consultation service, which must be unlimited.

At the end of each month, the value of the unit is determined by dividing the total number of units into half the gross income. Thus far the value of a unit has varied between $10 and $14. Specialist consultants, therefore, receive from $5 to $7 for each consultation. An internist who works three afternoons a week receives about $120 to $150 a month. This is somewhat more than is paid at other diagnostic clinics, but our internists and specialists are members of the visiting staff of the hospital.

The plan that has been adopted of sharing the gross income of the service between the participating physicians and the hospital is advantageous to both. Although the physicians are thereby relieved of financial responsibilities, the plan automatically keeps them interested in the administration of the service and in the economical utilization of its facilities.

EXPENSES

One half of the gross income is available to defray the nonprofessional expenses of the service. If the total operating cost during the first year should exceed 50 per cent of the gross income, the deficit will be met by trustees of the hospital. If the operating cost should prove to be less than one half of the gross income, a share of the surplus will first be set aside for future replacements and any remainder will revert to the medical staff. As the service is designed for patients of very moderate means who cannot pay the full cost, the hospital has agreed to derive no profit from the operation of the consultation service either directly or indirectly.

The service has been in operation too short a period to determine how closely the payment of $35 will cover the average cost of a diagnostic investigation. Thus far a loss has been sustained, in spite of the fact that in estimating the operating cost no charge has been made for rent or for interest on the capital investment. The sums allotted each month to the roentgen and pathologic laboratories and other divisions of the hospital represent the full cost of the services which they have been called on to render during the current month. In arriving at estimates of the cost of services of this nature shared with other departments of the hospital, an equitable proportion of administrative and other general expenses has been included, but again nothing has been charged for rent or for interest on capital investment.

Any increase in gross income that may be expected as a result of the future growth of the service will tend to eliminate or at least materially reduce the operating deficit, for some of the fixed charges may be expected to remain unchanged even if the volume of work is eventually doubled. An increase in the gross income will have only a limited influence on the rate of compensation of the physicians per day or per patient, for under the elastic system employed a greater number of patients will always require a proportionately larger staff.

VOLUME AND SOURCE

Although the consultation service ran at full capacity during December and January, there was a decrease in the number of patients referred during February. This was in part due to fading of the effect of circularizing physicians just before the service opened. In a larger part it was due to the fact that physicians made appointments for patients without informing them of the fee. Frequently, out of ten or twelve new patients who had been assigned appointments for an afternoon, three or four would cancel their appointment because they did not have $35. It has been quite obvious that only patients well within the prescribed economic level are being referred.

During the present month (March), the number of referred patients has again increased. This is probably due to a logical growth dependent on the many contacts established with physicians during the previous period. The first 350 patients were referred by 265 physicians, as shown in table 1.

This tabulation includes forty-two members of the staff of the Mount Sinai Hospital or outpatient department, who constituted 16 per cent of the total number of referring physicians and were responsible for referring sixty-four patients, or 18 per cent of the total number.

TABLE 1.—*Number of Patients Referred by Individual Physicians*

216 physicians referred	1 patient each
32 physicians referred	2 patients each
11 physicians referred	3 patients each
3 physicians referred	4 patients each
1 physician referred	5 patients
1 physician referred	7 patients
1 physician referred	8 patients

TABLE 2.—*Geographic Distribution*

	Physicians	Patients
Manhattan	103	72
Bronx	52	89
Brooklyn and Queens	54	95
Richmond	4	4
Westchester County	7	15
Long Island	6	18
New York State (outside of Greater New York, Long Island and Westchester County)	2	3
Connecticut	5	8
New Jersey	32	42
Pennsylvania	..	2
Massachusetts	..	1
Canada (Toronto)	..	1
Total	265	350

COMMENT

Many ambulatory patients of the type referred to the consultation service were previously hospitalized because their family physicians recognized that they could not afford to pay privately for a thorough diagnostic investigation, and some are still being referred for this purpose to the wards of the hospital. This is uneconomical for the hospital, the patient, and the hospital physicians. The cost to the hospital is thereby multiplied several times; the ward rate paid by the patient is about equal to the consultation service fee and he is deprived of an opportunity to continue his work; the physicians on ward duty receive no compensation for their professional services. The diagnostic investigation in the consultation service is often more intensive than in the wards because it is con-

centrated into a shorter time; the diagnostic facilities are more centralized; the consultations and conferences between internists and specialists are more intimate and, therefore, more satisfactory than in the wards. And not least important is the fact that a much closer relationship is maintainable between the physicians of the consultation service and the patient's family physician, both during the period of the investigation and at its conclusion.

If the activities of the consultation service should continue at the present level, about one thousand patients suffering for the most part from obscure and complicated illnesses will have received a searching diagnostic investigation during the first year. This represents a noteworthy expansion in the hospital's activities. It is equal to, or larger than, the total number of obscure diagnostic problems investigated in one of the medical divisions of the hospital of seventy beds during the course of a year. The medical problems presented by the patients of the consultation service are as important as those encountered in the hospital; in fact, they are apt to be more important to the patients because they represent the beginnings of disease, when patients are still in the operable or otherwise curable stage of their illness.

Viewed in its broadest aspect, the project represents an experiment in placing the professional and physical facilities of a large, well equipped general hospital at the disposal of the practicing physicians of the community for the benefit of patients of moderate means. Through the consultation service the hospital is making and maintaining new contacts with hundreds of physicians in the community, so that it is constantly expanding its scientific influence on the practice of medicine outside its walls.

Book Notices

Surgery of the Chest. By George F. Straub, M.D., F.A.C.S. Cloth. Price, $10.50. Pp. 475, with 341 illustrations. Springfield, Illinois: Charles C. Thomas, 1932.

In this concise work the author covers the subject of chest surgery. The book is profusely illustrated with photographs and many pen and ink and wash drawings, as well as diagrams made by the author himself. The main articles on the literature of chest surgery have been condensed, and an excellent bibliography has been made. The chapter on x-rays in thoracic surgery is written by Dr. Arnold and illustrated with excellent copies of roentgenograms. Although the field of chest surgery is covered by Sauerbruch's monumental treatise in German, by Lilienthal's excellent two volume work in English, and by many fine monographs on special subjects, there is still a need for such a book as Straub's, which covers the whole field in a comparatively few pages. Most of the thoracic surgery in this country is done by men who have not the time to study either the innumerable original publications in the journals or the other works mentioned. The author has avoided taking a controversial stand on subjects in which the opinion of the authorities is still divided, by giving wherever possible the various theories and procedures. The book should appeal to the general surgeon who has neither the time nor the desire to go more deeply into the matter of thoracic surgery, and it might be read with profit by that large group of medical men who still consider that except for empyema there is little that can be done of a surgical nature to relieve thoracic and intrathoracic disease.

Die ästhetische Chirurgie und ihre soziale Bedeutung. Von Dr. A. Noel. Deutsche von der Verfasserin erweiterte und neubearbeitete Ausgabe. Übersetzt von Dr. A. Hardt. Mit einem Geleitwort von Prof. Dr. E. Meirowsky. Paper. Price, 7.50 marks. Pp. 72, with 112 illustrations. Leipzig: Ambrosius Barth, 1932.

This translation is of a presentation by Dr. Noel of her work devoted frankly to eradication of conditions impairing the esthetic values occasioned by skin laxity, puffiness of the lids and kindred phenomena. The selection is of a kind to minimize the element of reparative surgery and to constitute a frank advance to or over the borderline. Granted that there is a case to be made for those who have sound reasons in economic status or in mental suffering justifying such procedures, the deliberate standardizing of mere beauty procedures leaves something to be desired. Decisions should be individual rather than generic, exceptional rather than collective. Moreover, even ignoring the ethical objection, the methods here disclosed indicate a lack of thorough knowledge of the nature and relation of the facial tissues; and the indicated procedures themselves convey the same message.

Kurzes Handbuch der Ophthalmologie. Herausgegeben von F. Schieck und A. Brückner. Band VI: Auge und Nervensystem. Bearbeitet von C. Behr, F. Best und anderen. Paper. Price, 148 marks. Pp. 878, with 277 illustrations. Berlin: Julius Springer, 1931.

The sixth volume of this handbook of ophthalmology has appeared promptly as advertised and indicates that the whole series of seven volumes will be in the market well within the time announced by the publishers. This is in marked contrast to the larger Graefe-Saemisch, the second edition of which has been in the process of publication for more than thirty years and is not complete yet. Our own American Encyclopedia of Ophthalmology required several years more than first contemplated but finally appeared in its entirety before the war. The sixth volume of the Kurzes Handbuch is devoted to the eye and the nervous system and is divided as follows: the pathologic anatomy of the base of the brain, by F. Wohlwill of Hamburg; the pupil, by R. Bing and A. Franceschetti of Basel; diseases of the ocular nerves, by C. Behr of Hamburg; diseases of the optic tract from the chiasm upward, by C. Behr of Hamburg; diseases of the higher optical centers, by F. Quensel of Leipzig; ocular changes in organic noninflaminatory diseases of the central nervous system, by F. Best of Dresden; ocular changes in inflammatory diseases of the central nervous system, by W. Kyrieleis of Würzburg; disturbances and changes in the visual apparatus in psychoses and neuroses, by the late L. W. Weber of Chemnitz; reedited by R. Runge of Chemnitz. As can be seen from the contents, this is essentially a reference book for the ophthalmologist, for it contains practically all the neurophthalmology ever needed. The one chapter the ophthalmologist should read in its entirety is the one on the pupil. Unfortunately this is not written as clearly as it should be, as the authors have analyzed and recorded the experiments and conclusions of various men with diametrically opposed opinions. It is perfectly true that our knowledge of the physiology and histopathology of the pupil and its reactions contains many gaps; but the differences of opinion should not be so emphasized as to cloud the known facts. Apart from this one phase, the chapter on the pupil is good. Interesting is the rather lengthy discussion of psychic blindness (*seelenblindheit*) by Quensel, a phase of ophthalmology that is not to be found in any of the ophthalmic literature. Taken on the whole, this volume offers an intensely interesting reference book but scarcely one that would be chosen voluntarily for light reading. The illustrations and the bookmaking are fully up to the high standards set by the preceding volumes, and so is accomplished one more step in what promises to be the most valuable reference handbook of modern ophthalmology.

Textbook of Gynecology for Nurses. By Philip J. Reel, M.D., F.A.C.S., Assistant Professor of Surgery, College of Medicine, Ohio State University. Cloth. Price, $2.50. Pp. 282, with 81 illustrations. Philadelphia: F. A. Davis Company, 1932.

The first chapters of this book are devoted to the anatomy, physiology and pathology of the external and internal genitalia. Then follow chapters which are of more special interest to nurses. These include sections on examination of patients, preparation of patients for operation, anesthesia, postoperative care and operating room equipment, personnel and technic. At the end of each chapter is a list of review questions. The illustrations are clear and instructive, particularly those depicting operating room and office equipment. The author is to be complimented for showing face masks that cover not only the mouth but also the nose and for calling attention to this. The book should prove helpful not only to pupil nurses receiving instruction in gynecology but more especially to supervisors of operating rooms and to graduate nurses who are preparing to be hospital or operating room supervisors.

Miracles of Healing and How They are Done: A New Path to Health. By J. Ellis Barker. Cloth. Price, 7/6. Pp. 404. London: John Murray, 1931.

Mr. Barker is a British journalist who has written some remarkably unscientific volumes in the medical field. Some of his previous writings have had the benefit of introductions by Arbuthnot Lane. Mr. Barker is the possessor of a vast credulity. As a result, he takes everything printed in the medical field as truth, citing numerous case reports from ancient textbooks in every field of medical cultism and making a great case for homeopathy. The book is worthless for any purpose except as a medical curiosity.

Human Physiology: A Text-Book for High Schools and Colleges. By Percy Goldthwait Stiles, Assistant Professor of Physiology in Harvard University. Sixth edition. Cloth. Price, $2.25. Pp. 448, with 82 illustrations. Philadelphia: W. B. Saunders Company, 1932.

This textbook for high schools and colleges was first published in 1916 and has since passed through numerous reprintings and revisions. Because of the systematic and simple character of the presentation, the book may be recommended for general reading. It is not, however, adapted to use by medical students.

Medicolegal

When Disease Is Not Attributable to Accident

(Chase v. Business Men's Assurance Co. of America, (U. S. C. C. A.), 51 Fed. (2d) 34)

The deceased was insured against disability caused by sickness and by bodily injuries. The policy, however, insured against death only when it resulted from "bodily injuries effected solely through accidental means," not when it resulted from disease. The insured died of typhoid fever. His widow, the beneficiary under the policy, sued the insurer for the benefits payable under it. She claimed that the death of the insured was caused by typhoid fever, "which was occasioned by and resulted from bodily injuries effected solely through accidental means, to wit, by his drinking polluted and contaminated water . . . believing such water to be pure and fit for drinking purposes." After a judgment on demurrer in favor of the insurer-defendant, the plaintiff appealed to the United States Circuit Court of Appeals, Tenth Circuit.

The question, said the court, is whether the death of the insured resulted "from bodily injuries effected solely through accidental means," and not from "disease." It is difficult, if not impossible, to draw an exact line of demarcation between bodily injuries and bodily disease. The two concepts are not always exclusive of each other; they often overlap. Usually pathogenic bacteria are taken into the system as incidents to normal bodily processes, and when disease follows, common understanding regards the introduction of the germs into the system, not as an accidental injury, but as the contracting of a disease, and common speech so describes it. On the other hand, when the channel of infection is abnormal—when infection enters through a bruise, a cut, or other trauma—the layman views the event as an accident, and in his everyday speech he refers to it as such.

When an accidental injury to the body causes a disease, and the disease in its turn causes death, the cases generally hold that the accidental means is the cause of the death. The disease is an effect of the accident and is merely the incidental means that brings about the fatal result; it is nothing more than a link in the chain of causation between the accident and the death, and the death is attributable to the accident. In the present case there was no bodily injury caused by accidental means, but only bodily injuries caused by disease, and these, under the terms of the policy, were excluded from its coverage.

Even if it should be assumed that typhoid fever is itself a bodily injury, the beneficiary under the present policy would be no better off. The policy by its express terms provides that it shall cover no injury caused by disease. It does not cover death from typhoid fever which is not brought about by an accidental bodily injury, unless the word "disease," as used in the policy, is construed as not including infectious and contagious disease. The language of the policy discloses no intent that would justify such a construction. On the contrary, the policy expressly provides that "blood poisoning or septicemia resulting from bodily injuries shall be deemed to be included in said term 'bodily injuries,'" and under familiar rules of statutory interpretation thus clearly excludes from the coverage of the policy "bodily injuries" caused by any other infectious disease. The fact that such an express provision with reference to septicemia was written into the policy shows that the parties believed that its other provisions excluded from its benefits injuries caused by infectious diseases.

In the judgment of the court, death resulting from typhoid fever was not within the coverage of the policy and the judgment of the court below in favor of the insurer was affirmed.

Malpractice Suit Barred by Judgment for Fees

(Garrett v. Kendrick et al. (N. C.), 160 S. E. 349)

Garrett, injured in an automobile accident, was taken to a hospital owned and operated by Drs. Saliba and Bulla. Surgical treatment was given him by Saliba and by another physician, Kendrick. Later Saliba and Bulla, as owners and operators of the hospital, recovered a judgment against Garrett for bed, board and other hospital services and for the surgical services rendered by the hospital through Saliba. Garrett subsequently instituted a suit to recover damages for malpractice against Saliba, in which he joined Kendrick as a defendant. Judgment was rendered in favor of Saliba and Kendrick, and Garrett appealed to the Supreme Court of North Carolina.

When Saliba and Bulla sued Garrett for services rendered, they had to prove, said the Supreme Court, that such services were worth a certain amount. When the defendant Garrett defended the action against him on its merits, it was his duty to set up malpractice as a counterclaim, since the malpractice of which he complained grew out of the contract or transaction that formed the basis of the claim against him. In his present suit, Garrett alleged and the trial judge found that Saliba and Kendrick "acted jointly and in cooperation in said treatment and in the setting of the fractured bones of the arm and leg of the plaintiff." It seems, therefore, that on Garrett's own theory, Kendrick was a partner of Saliba in rendering the professional services out of which this litigation grew. When a court of competent jurisdiction renders judgment in a cause properly before it, such judgment estops the parties and their privies as to all issuable matters contained in the pleadings, including all material and relevant matters which the parties in the exercise of reasonable diligence could and should have brought forward. The judgment in favor of Bulla and Saliba in their suit against Garrett was necessarily an adjudication of the fact that both Saliba and Kendrick performed their services in an acceptable manner. Because of that judgment, Garrett could not now be heard to complain that he had been damaged by the negligence of either Saliba or Kendrick. The judgment of the trial court in favor of the defendants was therefore affirmed.

Society Proceedings

COMING MEETINGS

American Association for the Study of Goiter, Hamilton, Ontario, June 14-16. Dr. J. R. Yung, 670 Cherry St., Terre Haute, Ind., Secretary.
American Ophthalmological Society, New London, Conn., June 27-29. Dr. Emory Hill, 501 East Franklin Street, Richmond, Va., Secretary.
American Orthopedic Association, Toronto, Canada, June 15-18. Dr. DeForest P. Willard, 1916 Spruce Street, Philadelphia, Secretary.
Maine Medical Association, Rangeley, June 16-18. Dr. Philip W. Davis, 22 Arsenal Street, Portland, Secretary.
Medical Library Association, San Francisco, June 20-22. Miss Marjorie J. Darrach, 645 Mullett Street, Detroit, Secretary.
Montana, Medical Association of, Miles City, July 13-14. Dr. E. G. Balsam, 208 North Broadway, Billings, Secretary.
New Jersey, Medical Society of, Atlantic City, June 15-17. Dr. J. B. Morrison, 66 Milford Avenue, Newark, Secretary.
Pacific Northwest Medical Association, Spokane, Wash., June 27-29. Dr. Frederick Epplen, 1215 Fourth Avenue, Seattle, Secretary.
South Dakota State Medical Association, Watertown, June 20-22. Dr. John F. D. Cook, Langford, Secretary.
Western Branch of the American Urological Association, Portland, Ore., July 1-2. Dr. F. S. Dillingham, 548 S. Spring Street, Los Angeles, Secretary.
West Virginia State Medical Association, Parkersburg, June 21-23. Mr. J. W. Savage, Professional Building, Charleston, Executive Secretary.
Wyoming State Medical Society, Rock Springs, July 18-19. Dr. Earl Whedon, 50 N. Main Street, Sheridan, Secretary.

Current Medical Literature

AMERICAN

The Association library lends periodicals to Fellows of the Association and to individual subscribers to THE JOURNAL in continental United States and Canada for a period of three days. Issues of periodicals are kept on file for a period of five years only. Requests for issues of earlier date cannot be filled. Requests should be accompanied by stamps to cover postage (6 cents if one and 12 cents if two periodicals are requested). Periodicals published by the American Medical Association are not available for lending, but may be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted below.

American Journal of Pathology, Boston

8: 123-262 (March) 1932

*Intranuclear and Cytoplasmic Inclusions ("Protozoan-Like Bodies") in Salivary Glands and Other Organs of Infants. S. Farber and S. B. Wolbach, Boston.—p. 123.
Yellow Fever Encephalitis of Monkey (Macacus Rhesus). E. W. Goodpasture, Nashville, Tenn.—p. 137.
Occurrence of Intranuclear Inclusions in Monkeys Unaccompanied by Specific Signs of Disease. W. P. Covell, St. Louis.—p. 151.
*Anatomic Changes in Livers of Dogs Following Mechanical Constriction of Hepatic Veins. J. P. Simonds and J. W. Callaway, Chicago. —p. 159.
*Torula Infection: Review and Report of Two Cases. J. W. Watts, Chicago.—p. 167.
Studies of Experimental Muscle Degeneration: I. Factors in Production of Muscle Degeneration. D. K. Fishback and H. R. Fishback, Chicago.—p. 193.
Id.: II. Standard Method of Causation of Degeneration and Repair of Injured Muscle. D. K. Fishback and H. R. Fishback, Chicago. —p. 211.
Vital Staining of Rabbit's Aorta in Study of Arteriosclerosis. G. L. Duff, Toronto.—p. 219.
*Effect of Cabbage Feeding on Morphology of Thyroid of Rabbits. I. T. Zeckwer, Philadelphia.—p. 235.
Technic of Silver Impregnation for General Laboratory Purposes. N. C. Foot and Ellen Bellows Foot, Cincinnati.—p. 245.
Question of Specific Myocardial Lesion in Hyperthyroidism (Basedow's Disease). W. Lewis, Hamburg, Germany.—p. 255.

Intranuclear and Cytoplasmic Inclusions in Salivary Glands.—In the submaxillary glands removed in a series of 183 postmortem examinations on infants, Farber and Wolbach found large cells containing intranuclear and cytoplasmic inclusion bodies ("protozoan-like bodies") in twenty-two cases (12 per cent). In addition, two older cases with inclusions in the parotid and submaxillary glands, and two instances in which inclusions were found in epithelial-lined spaces of the liver, lungs, kidneys, pancreas and thyroid are reported, making a total of twenty-six new cases to be added to the twenty-five already in the literature. All the patients in this series were less than 17 months of age, the majority being under 1 year. These inclusions are apparently identical with those found in the submaxillary glands of guinea-pigs and are generally similar to inclusions found in diseases due to filtrable viruses. Clinical and pathologic studies of the series reported reveal no association with any distinctive feature or group of symptoms or disease changes. The frequency of the inclusions in the authors' postmortem series suggests geographic factors affecting this occurrence and leads naturally to the suspicion of the existence of a disease, in infants, of filtrable virus etiology. However, if that is true, there are no distinctive clinical or pathologic features which would permit its recognition in the wards or in the pathology laboratory. The clinical and pathologic observations in the "positive" instances resemble, in general, the observations in the entire group studied.

Changes in Dogs' Livers Following Constriction of Hepatic Veins.—The livers of dogs examined by Simonds and Callaway twenty-four, forty-eight and seventy-two hours and seven days after mechanical obstruction of the hepatic veins for periods of from seven to thirty minutes showed the following changes: (1) A mean increase of 25 per cent in the liver weight-body weight ratio, due to edema and to swelling of the hepatic cells; (2) swelling, granulation vacuolization and extensive necrosis of the hepatic cells in the central half or two thirds of the liver lobules; (3) marked dilatation of the perivascular lymphatics surrounding the sublobular veins; (4) the presence of hyaline thrombi in many central and sublobular veins; (5) intrasinusoidal cell masses of two types: small, compact, occluding masses probably originating in "conglutination thrombi" of red cells, and larger, more diffuse and branching cell masses, and (6) hemosiderosis of Kupffer cells.

Torula Infection.—Watts presents two cases of torula infection. In the first the infection was generalized but the symptoms were almost entirely cerebral. A remarkable collection of pathologic changes were present in the brain: diffuse meningitis, granulomas in the meninges, marked endarteritis and proliferation of adventitial elements of the meningeal vessels, and infarct in the pons, areas of softening and focal disappearance of the granular and Purkinje cells in the cerebellum, diffuse ganglion cell changes, increase of neuroglia, nerve fiber destruction, myelin sheath damage, and encephalitis by extension in the striate body. The second case falls into the group which Freeman considers embolic phenomena. Mucicarmine was found to be an excellent differential stain, not only making it easy to identify the organism by its distinctive color but bringing out details of structure not heretofore recorded. Two strains of yeastlike bodies were isolated: the one producing no pigment falls into the torula group; the one producing pigment appears to be chromotorula. The organism was nonpathogenic for guinea-pigs, rats and mice. The author believes that the respiratory tract is probably the portal of entry in most cases. The infarct in the pons, endarteritis of numerous meningeal vessels with torula in the intima, and softenings in the cerebellum in one case add weight to the theory that cystic cavities in the deep white and gray matter are embolic phenomena and dissemination is by the blood stream.

Effect of Cabbage Feeding on Thyroid of Rabbits.—Zeckwer reports that feeding winter cabbage in the early part of 1931 to seventeen rabbits for periods up to 114 days produced hyperplasia of the thyroid, but only in two instances resulted in enlargements more than twice the normal weight. The microscopic changes of hyperplasia were more conspicuous than the gross enlargement. Under the conditions of these experiments, the feeding seemed to favor a high incidence of intercurrent infections. The data support the view that there is annual variation in the goiteregenic agent of cabbage.

Archives of Internal Medicine, Chicago

49: 345-540 (March) 1932

*Normal Range of Gastric Acidity from Youth to Old Age: An Analysis of Three Thousand Seven Hundred and Forty-Six Records. Frances R. Vanzant, W. C. Alvarez, G. B. Eusterman, H. L. Dunn and J. Berkson, Rochester, Minn.—p. 345.
Systemic Effects of Histamine in Man, with Especial Reference to Responses of Cardiovascular System. Soma Weiss, G. P. Robb and L. B. Ellis, Boston.—p. 360.
Avitaminosis: IV. Effect of Deficiency of Vitamin B Complex on Lipid Metabolism and Glycogen Content of Liver of Albino Rat. B. Sure and Margaret Elizabeth Smith, Fayetteville, Ark.—p. 397.
Id.: V. Specific Effect of Vitamin B Deficiency on Differential Count of Albino Rat. B. Sure and Dorothy J. Walker, Fayetteville, Ark. —p. 405.
*Effect of Ligation of Parotid Ducts on Carbohydrate Tolerance of Normal Dogs. L. M. Zimmerman, Chicago.—p. 409.
Cholesterol-Thorax in Tuberculosis (Cholesterol Pleurisy). H. M. Stein, Baltimore.—p. 421.
Carcinoma of Gastrojejunal Stoma Following Operation for Peptic Ulcer. H. A. Singer, Chicago.—p. 429.
*Effect of Prolonged Distention of Stomach in Dogs. J. P. Burgess, H. G. Scott and A. C. Ivy, Chicago.—p. 439.
*Normal, Absent and Pathologic Tonsils in Young Women: Comparison of Physical Measurements. Ruby L. Cunningham, Berkeley, Calif. —p. 453.
*Psittacosis: Report of Five Cases. M. A. Rabinowitz and S. H. Livingston, Brooklyn.—p. 464.
Chorea Gravidarum: Statistical Study of Nine Hundred and Fifty-One Collected Cases, Eight Hundred and Forty-Six from the Literature and One Hundred and Five Previously Unreported. P. Willson and A. A. Preece, Washington, D. C.—p. 471.
Red Cell Regeneration During Menstrual Cycle. C. Reich and Dorothy Green, New York.—p. 534.

Gastric Acidity from Youth to Old Age.—Vanzant and her associates call attention to the fact that satisfactory standards of normal gastric acidity have so far been lacking. They made a study of data from 3,746 persons in whom careful examination did not reveal any disease which could conceivably affect the mucous membrane or the secretory activity of the stomach. There was a steady increase in the incidence of achlorhydria from youth to old age. At the age of 60 years, 28 women in 100 (in the series) failed to show free acid on repeated fractional analysis, and, similarly, 23 men in 100 were achlorhydric. In an additional 5 per cent of women and 3

per cent of men there was no free acid in the first sample of an Ewald meal removed at the end of an hour. Free gastric acidity appears to increase rapidly from childhood up to the age of 20 years, when adult values are reached. About the age of puberty, the average value for boys begins to rise considerably above that for girls. In order to simplify the statistical study of the group of persons with free acid, all data from persons with true or apparent achlorhydria were first removed from consideration. One can now say that modal free acidity for men ranges between 45 and 50 units in the years from 20 to 40. After this it falls off rapidly to a level of from 30 to 35 units in the aged. The mode for women is approximately 35 units throughout adult life. It appears to fall off slightly after the age of 60 years. The normal range of free acidity in both men and women is about 90 units. The modal total acidity for women is practically constant at a level of about 51 units between the ages of 20 to 60 years; the mode for men ranges from 66 at the age of 20 years down to 56 after the age of 65 years. For both free and total acidity, mean and modal values were about the same. In both sexes the combined acidity appears to vary but little from youth to old age. Ninety per cent of the data lay between limits of 12 and 22 units, with a mode at 17 units. The data suggest that the process which gives rise to achlorhydria is not the same as the one that in men after 40 years produces a gradual falling off in acidity. The absence of such a gradual decrease in the older women makes it seem improbable that in either sex there is a progressive senile atrophy of the gastric mucosa.

Effect of Ligation of Parotid Ducts on Carbohydrate Tolerance.—Zimmerman reports that ligation of the parotid ducts in normal dogs results in an increased dextrose tolerance, as measured by the height of the blood sugar curve following the injection of dextrose solution. Histologic study of parotid glands removed at varying intervals after ligation of their ducts reveals only gradual dilatation of the ducts, with atrophy and fibrosis of the glandular parenchyma. Extirpation of the parotid glands in which the ducts had been ligated produced inconstant effects on the carbohydrate tolerance. Usually there was some increase in the height of the blood sugar curve, but the values rarely returned to the levels that had been maintained before the ducts were ligated.

Effect of Prolonged Distention of Stomach in Dogs.—Burgess and his associates found that continuous distention of the stomach with a volume of water introduced into a balloon —a volume twice that which would be ingested in the form of milk in hunger—caused grave morbid changes to occur in the wall of the stomach and resulted in death in twelve dogs within a period of from twenty-six to ninety hours without a significant fall in blood chlorides and dehydration. The cause of death was toxemia. The changes found at necropsy were not unlike those reported to occur in man in acute dilatation of the stomach. An electrocardiographic study revealed that distention of the stomach causes (1) a tachycardia with abolition of the normal sinus arrhythmia manifested by dogs, (2) inversion of the T wave or the accentuation of an inverted T wave present in some normal dogs, (3) accentuation of the Q wave, and (4) an exaggeration of preexisting electrocardiographic abnormalities.

Tonsils in Young Women.—According to Cunningham, the condition of the tonsils is of minor importance in influence on the health history and the determination of physical measurements of young women. Such influence is tangled with that of factors determining whether pathologic tonsils shall be removed or not and is therefore difficult to evaluate. The contention that normal tonsils are an aid in resisting disease is not strongly defended by contrasting the histories of disease of those with normal and those with pathologic tonsils. The argument that the removal of tonsils closes a portal of entry for infectious and respiratory diseases is not sustained by a comparative study of the histories of those who have had their tonsils removed and of those whose tonsils are present. The effect of the tonsils as a focus of infection does not find much support when histories and physical measurements of those with pathologic tonsils are contrasted with either those with normal or those with absent tonsils. The effect of normal tonsils in augmenting growth or of pathologic tonsils in retarding development is not apparent in this study. The effect of the tonsils on the glands of internal secretion is suggested in the thyroid observations but is not evident in comparative menstrual experiences or in the results of growth. The theory that the tonsillar condition is influenced by diet and reflects nutritional conditions, as may teeth, stature and weight, is not greatly aided by the observations of this investigation. The author's study does not emphasize the arguments for the removal of tonsils other than for the cure of a local throat condition.

Psittacosis.—Five cases of psittacosis occurring in one family are presented by Rabinowitz and Livingston, with necropsy observation in one. The disease in these cases was distinctly attributable to exposure to infected love birds or parrakeets brought to this country from Havana, Cuba, by returning tourists. This is of extreme epidemiologic and diagnostic importance. Biologic evidence of the identity of the disease was possible in this epidemic, the virus of psittacosis being clearly demonstrated in the sputum of one of the patients, in the liver, lung and spleen of another, and in the liver and spleen of the only bird available for examination. That this bird was apparently healthy is of great epidemiologic importance. The characteristic clinical points of diagnostic importance are: (1) history of exposure to a diseased bird; (2) incubation period of approximately nine days; (3) marked headache; (4) toxemia, which may be decidedly out of proportion to the physical observations in the chest; (5) slight cough with extremely scanty, thick, tenacious expectoration, which may or may not be blood tinged; (6) an extremely fine type of crepitant râle; (7) roentgen evidence of dense consolidation of part of a lobe of the lung almost from the onset of symptoms; (8) no pleuritic involvement in the face of extensive pulmonary pathologic involvement; (9) moderate or no leukocytosis in the presence of severe pneumonic infection, and (10) tendency to venous thrombosis.

Delaware State Medical Journal, Wilmington

4: 57-76 (March) 1932

Evidences in Favor of Inheritance in Cancer. J. McFarland, Philadelphia.—p. 57.
Modern Trends in Medical Practice, with Especial Reference to Medical Education. G. H. Meeker, Philadelphia.—p. 62.

Journal of Allergy, St. Louis

3: 219-324 (March) 1932

Metabolic Studies in Urticaria: I. Acid Base Balance: II. Blood Chemistry. L. H. Criep, Pittsburgh.—p. 219.
Comparative Pollen, Mold, Butterfly and Moth Emanation Content of Air. R. M. Balyeat, T. R. Stemen and C. E. Taft, Oklahoma City, Okla.—p. 227.
*Serum Sensitiveness After Toxin-Antitoxin: Clinical and Laboratory Study. L. Tuft, Philadelphia.—p. 235.
Hypersensitiveness to Air-Borne Bee Allergen. R. V. Ellis and H. C. Ahrens, Minneapolis.—p. 247.
Studies on Pollen and Pollen Extracts: VIII. Dialyzability of Pollen Allergens. L. Unger, H. W. Cromwell and Marjorie B. Moore, Chicago.—p. 253.
Clinical Manifestations of Heat and Effort Sensitiveness and Cold Sensitiveness (Relationship to Heat Prostration, Effort Syndrome, Asthma, Urticaria, Dermatoses, Noninfectious Coryza and Infections). W. W. Duke, Kansas City, Mo.—p. 257.
Preparation of Mixtures of Pollen Extracts. A. V. Veer, New York.—p. 275.
Pollen Content of Air and Its Relation to Hay Fever in Baltimore, Maryland, During 1930. P. M. Patterson and L. N. Gay, Baltimore. —p. 282.
*Evaluation of Therapeutic Effect of Caldwell-Luc Operation in Bronchial Asthma. H. P. Schenck and R. A. Kern, Philadelphia.—p. 296.
Small Dosage Treatment for Hay Fever. J. M. Anderson, Salt Lake City.—p. 306.
Maple Leaves a Cause of Seasonal Asthma. J. A. Rudolph and M. B. Cohen, Cleveland.—p. 310.
Heat Sensitiveness: Report of Case Treated Successfully. W. R. Caven, Toronto, Canada.—p. 311.

Serum Sensitiveness After Toxin-Antitoxin.—Tuft states that after the administration of diphtheria toxin-antitoxin mixture containing minute amounts of horse serum, sensitization of varying degree occurs in 27.9 per cent of children. Such sensitization affects not only the skin but also other body tissues and is much more apt to occur in allergic children or children of allergic families. Reinjection of serums containing larger amounts of horse serum is in certain instances fraught with the danger of severe, immediate or accelerated serum reactions and may in most instances be prevented by the performance of a properly carried out skin test (in preference to the eye test) just prior to the administration and in the

presence of a positive reaction, either by the use of a serum containing no horse serum or, if this cannot be procured, by spaced administration of increasing amounts of serum together with administration of small amounts of epinephrine. The continued use of diphtheria toxoid or of toxin-antitoxin prepared with goat serum antitoxin in active immunization against diphtheria will, in the future, prevent any possible development of sensitization to horse serum in immunized individuals and obviate the necessity for further precautions with serum reinjections.

Effect of Caldwell-Luc Operation in Bronchial Asthma.—Schenck and Kern report the results of the Caldwell-Luc operation as performed in thirty-five cases of bronchial asthma. The percentage of favorable results obtained bore no relation to the apparent etiology (allergy or infection), to the previous duration of the asthma or to the age of the patient. A comparison of these results with those of other intranasal operative procedures shows a greater percentage of improvement after the radical operation. In a majority of instances this improvement is only temporary. The authors believe that the radical operation should be reserved for those cases of antrum infection which have failed to yield to more conservative measures.

Journal of Immunology, Baltimore

22: 165-243 (March) 1932

*Phenomenon of Local Skin Reactivity to Meningococcus: Production of Neutralizing Antibodies in Horses. G. Shwartzman, New York.—p. 165.
*Typhoid Agglutinins in Man Following Vaccine Injection. R. W. Lamson and J. F. Kessel, San Francisco.—p. 177.
Antibodies Against Vaccinia Virus Demonstrable in Vitro: II. Alexin-Fixation by Vaccinia Virus Tissue Suspensions and Their Specific Antiserums. R. Thompson, Elizabeth Lee Hazen and L. Buchbinder, New York.—p. 189.
*Factors Influencing Antigenic Power of Toxin-Antitoxin Mixture. T. S. Githens, Glenolden, Pa.—p. 197.
Blood Groups of Indians in Certain Maya Areas of Central America. D. W. Rife, Chicago.—p. 207.
Natural Agglutinins and Their Relationship to Somatic and Flagellar Antigens of Bacteria. H. J. Gibson, Edinburgh, Scotland.—p. 211.
Studies on Viscosity of Sensitized Erythrocyte Suspensions. S. Went and C. Lissak, Budapest, Hungary.—p. 229.
Parenteral Denaturization of Foreign Proteins: VII. Test-Tube Synthesis of "Hybrid" Specificities. H. C. Sox and W. H. Manwaring, San Francisco.—p. 237.

Skin Reactivity to Meningococcus.—Shwartzman reports that titrations of neutralizing antibodies of antimeningococcus horse serums with the aid of the auxiliary antibody disclosed wide fluctuations in their concentration during the immunization. A description is given of a simple and economical method of immunization which shows high titer of neutralizing antibodies for the phenomenon of local skin reactivity. Incidental observations reported are those on full antigenicity of meningococcus toxic filtrates, and also on the fact that the neutralizing antibodies may fluctuate in their concentration, while the agglutination and precipitation titers remain stationary.

Typhoid Agglutinins Following Vaccine Injection.—Lamson and Kessel gave thirty-six allergic patients numerous doses of typhoid vaccine in a period of several months to a year. Seven of them were given a total of 50 cc. or more during the course. These large doses did not produce a single untoward reaction. A few individuals gave a mild local or general reaction, but it usually followed one of the early treatments in the course. In one or two instances an injection seemed to precipitate a mild attack (or aggravate an existing one) of asthma. The observations are too few to make it certain that the injection had anything to do with the development of symptoms or to justify the conclusion that they were manifestations of a true allergy to the typhoid organism. A significant number of patients obtained relief during treatment and others seemed to gain weight more rapidly than is normal, even though their allergic state was not well controlled. It would appear that one is justified in assuming that those patients have had conferred on them a high degree of immunity to typhoid infection. The summary of the authors' observations indicates that the agglutinin titer is rather low, and there are but few reactions that would be considered suggestive if these serums were submitted for a routine Widal test.

Antigenic Power of Toxin-Antitoxin Mixture.—Githens describes experiments in which he demonstrated that toxin-antitoxin mixtures that are almost completely neutralized are as efficient antigens as those containing a great excess of toxin, and the immunity eventually obtained from toxic mixtures is no greater than that from almost completely neutral mixtures, although the maximum level may be obtained more rapidly. Two doses of 0.25 cc. each of toxin-antitoxin mixture are approximately as effective (in guinea-pigs) as one dose of 1 cc., although they contain only half as much toxin. Moderate differences in the L plus dose of the toxin used make little or no difference in the effectiveness of the mixtures as antigens.

Journal of Nutrition, Springfield, Ill.

5: 103-212 (March) 1932

*Effect of Grapes and Grape Products on Urinary Acidity. L. G. Saywell, Berkeley, Calif.—p. 103.
Study of Calcium Retention on Diet Containing American Cheddar Cheese. Marguerite G. Mallon, L. Margaret Johnson and Clara R. Darby, Lafayette, Ind.—p. 121.
Quantitative Study of Dietary of Human Mother with Respect to Nutrients Secreted into Breast Milk. Carroll F. Shukers, Icie G. Macy, Betty Nims, Eva Donelson and Helen A. Hunscher, Detroit.—p. 127.
*Iron Requirement of the Preschool Child. Jane M. Leichsenring and Iva Hansen Flor, St. Paul.—p. 141.
Dietary Requirements for Fertility and Lactation: XXIV. Further Studies on Specific Effect of Vitamin B on Lactation. B. Sure and Margaret Elizabeth Smith, Fayetteville, Ark.—p. 147.
Specific Effect of Vitamin B on Growth. B. Sure, M. C. Kik and Margaret Elizabeth Smith, Fayetteville, Ark.—p. 155.
Changes in Weights of Various Organs and Systems of Young Rats Maintained on Low Protein Diet. M. Limson and C. M. Jackson, Minneapolis.—p. 163.
Failures to Produce Experimental Dental Caries in White Rat with High Carbohydrate Diet and Bacillus Acidophilus or with Vitamin D Deficiency. C. A. Lilly, Ann Arbor, Mich.—p. 175.
Analysis of Curve of Heat Production in Relation to Plane of Nutrition. E. B. Forbes and M. Kriss, State College, Pa.—p. 183.
Is Vitamin B Content of Milk Under Physiologic Control? F. L. Gunderson and H. Steenbock, Madison, Wis.—p. 199.

Effect of Grapes on Urinary Acidity.—Saywell reports sixteen experiments with men subjects on basal diet and on the same basal diet supplemented by fresh grapes, fresh natural grape juice, detartrated grape juice, natural grape juice concentrate, concentrate-tartrate mixture, Thompson seedless and Muscat seeded raisins. The following results were observed when the grapes or grape products were added to the basal ration. 1. An increase in the p_H of the urine occurred, ranging from 0.8 to 1.2 p_H units. 2. A decrease in the ammonia excreted and a corresponding decrease in the total acidity was noted. 3. There was an increase of the alkali reserve above the normal for each subject, the alkali reserve being estimated by the plasma carbon dioxide combining power determined from the acid and ammonia content of the urine and calculated by the method of Fitz and Van Slyke. 4. A correlation between the alkalinity of the ash and the physiologic reaction was apparent. Grapes and grape products with the greater alkalinity of ash were associated with a more basic body reaction. 5. An increase occurred in organic acids excreted. This may be explained by the presence in the urine of some incompletely oxidized tartaric acid. 6. Approximately 94 per cent of the ingested organic acids appeared to be oxidized.

Iron Requirement of the Preschool Child.—Leichsenring and Flor conducted two iron-balance studies, using four healthy children, one boy and three girls, ranging in age from 35 to 56 months. Iron retentions at two levels of intake were compared. The results of the food analyses indicate that the iron content of foods may show considerable variation from the most commonly used figures. Diets that were planned to contain 5 and 8.5 mg. of iron actually contained only 3.25 and 6.5 mg. On a diet containing 3.25 and 6.5 mg. of iron, an average of 1.2 mg. was retained daily, whereas, on a diet containing 6.5 mg. of iron, 3.2 mg., or nearly three times as much as during the period of lower iron intake, was retained. The observed maintenance need of the children in this study was approximately 0.12 mg. per kilogram. It would appear from these results that, on the basis of body weight, the maintenance requirement of the child is similar to that of the adult. The iron requirement for growth, as observed in this study, was approximately 0.2 mg. per kilogram. In view of the differences observed between the actual iron content of the food used and the amounts as calculated from Sherman's tables, and also the pronounced individual differences in the iron requirement of children, it is suggested that a 50 per cent margin of safety be

allowed above this observed total requirement of 0.32 mg. per kilogram. This would make a standard allowance for children of this age of 0.48 mg. per kilogram, or 0.62 mg. per hundred calories, or a total of 8.23 mg. a day.

Journal of Pharmacology & Exper. Therap., Baltimore

44: 269-383 (March) 1932

*Effect of Radon Radiation on Isolated Organs. S. E. F. Gooding, Cambridge, England.—p. 269.

*Combined Ephedrine-Pituitary Extract (Posterior Lobe) Therapy in Histamine Shock. K. I. Melville, Montreal.—p. 279.

*Effect of Ultraviolet Irradiation on Toxicity of Pure Nicotine. G. Wakeham and G. P. Tracy, Denver.—p. 295.

Rôle of Chemical Structure of Cocaine in Cocaine Sensitization-Desensitization Phenomena. S. K. Wirt and M. L. Tainter, San Francisco.—p. 299.

Blood Alcohol and Its Relation to Intoxication. R. G. Turner, with assistance of E. R. Loew, Detroit.—p. 305.

Duration of Action of Barbituric Acid Hypnotics as Basis of Classification. R. H. Fitch and A. L. Tatum, Madison, Wis.—p. 325.

*Picrotoxin as an Antidote in Acute Poisoning by Longer Acting Barbiturates. A. H. Maloney and A. L. Tatum, Madison, Wis.—p. 337.

Slowing of Heart Rate, Due to Irradiated Synephrin, Epinephrine, Nicotine and Related Drugs. J. A. Higgins, P. L. Ewing and H. A. McGuigan, Chicago.—p. 353.

*Estimation of Relative Toxicities and Efficiencies of Local Anesthetics. A. D. MacDonald and M. C. G. Israëls, Manchester, England.—p. 359.

*Effect of Ergotamine on Intestine with Observations on Influence of Calcium on Its Action. W. Salant and W. M. Parkins, New York. —p. 369.

Effect of Radon Radiation on Isolated Organs.—Gooding describes experiments in which he demonstrated that irradiation from radon causes an increased activity and irritability of certain isolated organs. This effect is greater if the perfusion fluid is partially deprived of potassium ions. Irradiation renders the uterus much more sensitive to the action of solution of pituitary.

Ephedrine-Pituitary Extract Therapy in Histamine Shock.—Melville presents experiments to show that a mixture of ephedrine sulphate and pituitary extract (posterior lobe) is more effective than larger individual quantities of these drugs in restoring blood pressure and respiration and in abolishing general collapse in dogs experimentally shocked by the prolonged intravenous injection of histamine. The prolonged and well maintained pressor effects of the mixture and the stimulant action of ephedrine alone on the central nervous system are suggested as the possible basis of these rather striking effects. Finally, the results suggest the possibility of applying to advantage this combined type of treatment in human cases of surgical shock and allied conditions of circulatory failure.

Effect of Ultraviolet Rays on Toxicity of Nicotine.—Wakeham and Tracy irradiated nicotine in quartz glass tubes for periods varying from fifteen minutes to five hours. Approximate minimal lethal doses of the different irradiated samples were determined by feeding gradually increasing amounts in 5, 10 and 20 per cent solutions to albino rats, until the lethal effect was obtained. Two groups of rats were used, one composed of animals 1 month old and the other of animals 3 months old. In each group the animals were approximately the same size and the same sex (male). No animal was fed nicotine more than once, whether it survived or not. It was noted that a maximum decrease of the toxic effect of nicotine on albino rats is obtained by an ultraviolet irradiation period of about one hour and fifteen minutes, the reduction in toxicity amounting to approximately 70 to 75 per cent. With further irradiation, the toxicity of the nicotine increases to nearly its original value.

Picrotoxin as Antidote in Poisoning by Barbiturates.—Maloney and Tatum present experimental data demonstrating the effectiveness of picrotoxin as an antidote in acute poisoning by the longer acting barbiturates. In sublethal doses of these compounds, picrotoxin shortens the recovery time, in lethal doses within certain limits it effects a cure, and in doses beyond the limits of hopeful therapeusis it prolongs the life of the animal. As types of the longer acting barbiturates, the following were employed: phenobarbital, neonal, ipral, barbital sodium, allylisopropyl barbituric acid, allylisopropyl barbituric acid mixed with amidopyrine in the ratio of three to five, and diallylbarbituric acid. Amytal, when administered orally in excess of the minimal lethal doses for that mode of administration, is successfully antidoted with picrotoxin. Through comparative studies on blood pressure, temperature and tissue changes, some light is shed on the mechanism of action of picrotoxin in the presence of the toxic effects of the barbiturates.

Toxicities and Efficiencies of Local Anesthetics.—MacDonald and Israëls describe a method by which measure of toxicity, relative toxicity and rate of destruction of local anesthetics can be obtained following slow intravenous infusion into cats. Figures for the relative toxicities of common local anesthetics are given, and some of the applications of these experiments to the clinical use of these drugs are discussed. A fair indication of the relative efficiencies of local anesthetics can be obtained in terms of relative efficacies (ratios of concentrations which achieve adequate anesthesia for any purpose) and relative toxicities.

Effect of Ergotamine on Intestine.—Salant and Parkins report that a single dose of ergotamine injected intravenously produces in cats and rabbits increased movements of the intestine. The effect may be obtained with doses of about 0.1 mg. per kilogram in cats and smaller doses in rabbits. The same amounts may sometimes produce a weak response or no effect when respiration is depressed, irregular or both. Repeated doses of ergotamine cause little or no effect or may even produce inhibition of the intestine. Atropine prevents the stimulating action of the intestine by ergotamine, indicating that the stimulation is due to the effect on the parasympathetic endings. The effect of multiple injections is probably due to depression of the muscle substance and fatigue of the nerve endings. Reversal of the depressing action of repeated doses of ergotamine may be produced by intravenous injections of calcium chloride. Intravenous injections of sodium oxalate which produce a decrease of blood calcium increases the depressing action caused by ergotamine and may also decrease the stimulating effect of the initial dose. The effect of excess and of deficient calcium on the action of ergotamine is discussed and an explanation is suggested.

Journal of Preventive Medicine, Chicago

6: 87-144 (March) 1932

*Case Fatality of Communicable Disease. H. B. Wood, Harrisburg, Pa. —p. 87.

*Tubercle Bacilli in Blood Stream of Rabbits During Course of Infection. Lucy Mishulow and W. H. Park, New York.—p. 95.

Effect of Brilliant Green on Eberthella Dysenteriae, Sonne Type. Elizabeth M. Myers and S. A. Koser, Chicago.—p. 101.

*Relation of Bovine Mastitis to Human Infection. P. B. Brooks, Albany, N. Y.—p. 111.

Comparative Study of Cultural and Immunologic Methods of Diagnosing Infections with Endamoeba Histolytica. Bertha Kaplan Spector, Chicago.—p. 117.

Study of Bacteriology of Various Levels of Intestine of Macacus Rhesus Monkeys, with Especial Reference to Technic and to Fate of Bacillus Prodigiosus. G. M. Dack and O. Woolpert, Chicago.—p. 129.

Importance of Temperature on Survival Time of Bacteria in Acid Foods. P. J. Beard and J. P. Cleary, San Francisco.—p. 141.

Case Fatality of Communicable Disease.—Wood states that case fatality ratios are the proportion of deaths which actually occur in a known number of cases of any disease, that is, the number of cases per death. Case fatality ratios indicate the completeness of reporting of a disease and show the virulence of the disease. Correct case fatality ratios depend on complete reporting and the determined actual number of deaths among the persons whose cases have been reported. Correct ratios cannot be computed from the usual vital statistics tabulations. The following case fatality ratios are approximately correct: diphtheria, from 15 to 19 cases to 1 death; measles, 500 to 1; scarlet fever, 100 to 1; typhoid, from 8 to 12 cases to 1 death; whooping cough, from 125 to 150 cases to 1 death. Any state whose ratio of reported cases to recorded deaths falls much below those figures is obtaining incomplete reporting and therefore incomplete control over its quarantinable diseases.

Tubercle Bacilli in Blood Stream of Rabbits.—Mishulow and Park describe two experiments which seem to indicate that there is rapid localization of the tubercle bacilli inoculated into the blood stream, as shown by the tremendous decrease in their number between twelve and twenty-four hours after inoculation, and the steady decrease up to the fourth day. The organisms persisted in the blood stream throughout the entire course of the infection, although they fluctuated in number from day to day. There was a marked rise in numbers on

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19

the day of death. This would justify the conclusion that there is a steady dissemination of the tubercle bacilli from the local lesion into the blood stream.

Relation of Bovine Mastitis to Human Infection.—According to Brooks, mastitis is common among dairy cattle and the infection is readily communicated from one cow to another. The types of streptococci that are the common incitants apparently are not infective for man but when present in milk in large numbers with their toxins may be responsible for severe toxic disturbances, especially in children. Organisms, of animal or human origin, pathogenic for man may be present in diseased udders. These include the tubercle bacillus, Brucella abortus and the hemolytic streptococci which are incitants of septic sore throat and scarlet fever. Udders infected with Brucella abortus may excrete the organisms during the life of the animal. Agglutination and complement fixation tests on milk from infected quarters have given positive results, that from uninfected quarters negative. Agglutinating power in the blood may be due to infection localized in the udder. Several milk-borne epidemics of septic sore throat in upper New York State have been traced to raw milk from herds with cases of mastitis. In the more recent epidemics, hemolytic streptococci corresponding to those found in the human cases have been obtained from the infected udders. Recent experience suggests the desirability of persistent effort to find the infected cows. One epidemic of scarlet fever in 1922 was traced to raw milk, including that from a cow with mastitis from which hemolytic streptococci were obtained. Experience suggests that organisms from human sources are primarily responsible. Since Jan. 1, 1924, six outbreaks of gastro-enteritis have been traced to raw milk from herds in which there were cases of mastitis. In three of these, most of the patients were children given the milk in school. Illness developed within four or five hours. Cows with chronic mastitis were involved, and common types of nonhemolytic streptococci isolated. The author believes that bovine mastitis is a major problem in the prevention of milk-borne infection. A slowly developing movement for eradication offers no practical and immediate solution, nor will careful dairying methods and inspection afford adequate protection. Pasteurization is the only practical safeguard.

Laryngoscope, St. Louis

42: 163-232 (March) 1932

Study of Physics of Antrum. R. J. Hunter, Philadelphia.—p. 163.
Use of Periosteal Flap with Skin Graft in Radical Mastoid Surgery. E. F. Ziegelman, San Francisco.—p. 170.
General and Otologic Aspects of Cholesterol Metabolism. M. Fineberg, St. Louis.—p. 177.
*Development of Nose: Its Dynamic Relation to Traumatic Injuries and to Submucous Resection of Nasal Septum. W. W. Carter, New York.—p. 189.
Control of Postoperative Edema of Nose and Throat. L. Felderman, Philadelphia.—p. 195.
Retrobulbar Abscess Complicating Submucous Resection. P. L. Mahoney, Little Rock, Ark.—p. 199.
Near-Fatal Postoperative Secondary Nasal Hemorrhage. L. R. Edler, Toledo, Ohio.—p. 201.
Effective Method of Controlling Secondary Hemorrhage. J. J. Littell, Indianapolis.—p. 207.
Carcinoma of Tongue (Misreference of Pain Following Alcohol Anesthesia): Report of Case. D. Mezz, Brooklyn.—p. 209.
Serious Throat Infections. H. Hays, New York.—p. 212.
New Organic Compound for Use in Chronic Ear Suppuration. S. Stein, New York.—p. 219.

Development of Nose.—Carter calls attention to the fact that the development of the nose is largely a mechanical proposition. The septum is the most important factor in the elevation and subsequently in the support of the nasal bridge; consequently every operator should be ever mindful of the fact that neither cartilage nor bone, removed from the septum, is ever replaced, and that conservatism should always be practiced in doing the submucous operation. In the treatment of traumatic injuries, when it is possible, replacement of the fractured and dislocated parts should be practiced. This is imperative in the young subject; otherwise a deformity is certain to develop, though it may not become noticeable for several years. In developmental deformities, an effort should be made to adjust the parts so that the lines of force shall be so directed that they will construct a normal organ. If there is a deficiency in material for reconstruction, autogenous bone and cartilage transplants from the rib should be used in the manner first advocated by the author. Under no circumstances should foreign materials, such as paraffin, celluloid or ivory, be used for this purpose, as they are not safe nor do they remain permanently in the living tissues.

Northwest Medicine, Seattle

31: 99-152 (March) 1932

Acute Empyema. C. R. Austrian, Baltimore.—p. 99.
Kidney Function: Brief Review. T. H. Duerfeldt, Tacoma, Wash.—p. 108.
Nephritis. W. J. Pennock, Spokane, Wash.—p. 112.
Operative Treatment of Vesical Diverticula. H. W. Howard, Portland, Ore.—p. 115.
Subtotal Thyroidectomies: Deductions from Seventeen Hundred Cases. J. C. Moore, Seattle.—p. 118.
Surgical Progress in 1931. R. D. Forbes, Seattle.—p. 122.
Barbiturates on Surgical Trial. J. W. Baker, Seattle.—p. 126.
Medical and Dietary Treatment of Epilepsy. M. L. Margason, Portland, Ore.—p. 128.
Carbon Monoxide Poisoning. H. H. Kretzler, Edmonds, Wash.—p. 132.
Orthopedic Treatment of Infantile Paralysis. C. L. Lowman, Los Angeles.—p. 136.
Hydrochloric Acid for Headache. J. L. St. John, Pullman, Wash.—p. 140.
Earwig in Ear. H. V. Wurdemann, Seattle.—p. 140.

Philippine Journal of Science, Manila

47: 305-423 (March) 1932. Partial Index

Philippine Anopheles of Rossi-Ludlowi Group. W. V. King, Manila.—p. 305.
Lead, Barium and Magnesium Salts of Hydnocarpic and Chaulmoogric Acids. H. I. Cole, Manila.—p. 351.

FOREIGN

An asterisk (*) before a title indicates that the article is abstracted below. Single case reports and trials of new drugs are usually omitted.

British Journal of Children's Diseases, London

29: 1-82 (Jan.-March) 1932

*The Allergic Child. G. W. Bray.—p. 1.
Examples of Anemia of Various Kinds in Children. F. P. Weber and E. Schwarz.—p. 17.
*Chronic Streptococcal Toxemia. J. D. Hindley-Smith.—p. 25.
Treatment of Early Cases of Knock Knee and Bowleg in Children. E. Cyriax.—p. 35.
Unusual Case of Multiple Lipomas in Boy, Aged 2 Years. W. R. Bett.—p. 39.

The Allergic Child.—Bray states that the treatment of the varied allergic manifestations of childhood resolves itself into a definite routine, and the reliance on one therapeutic agent for all cases, or the shotgun principle of an assemblage of many in the hope that one will hit the mark, is to be deprecated. At times it is the acute exacerbation that one is called on to relieve, while at other times one is consulted as to the means of preventing further recurrences. The acute symptoms can generally be relieved by the hypodermic injection of a few minims of 1:1,000 solution of epinephrine hydrochloride or ephedrine given by mouth, ⅛ grain (8 mg.) to a child under one, ¼ grain (16 mg.) to a child over one year. It is well to realize that children do not stand the continued administration of ephedrine at all well, frequent complaints including an inability to micturate, insomnia, tiredness and fretfulness during the day, and occasionally cardiac dilatation and murmurs. In the prevention of further relapses, the first step is to endeavor to determine a specific cause or causes, from the history or by skin tests or elimination diets, and to insure their avoidance or removal. In addition, in the majority of cases several contributory factors operate and need attention. Good hygienic surroundings are essential as well as peace and harmony. The diet should be chosen to avoid specific causes of reaction. The child should be encouraged to eat a good breakfast and have a hot midday meal and a light, early supper. No food or drink should be given to the patient after he gets into bed. A proper balance between fats, proteins and carbohydrates should be determined, with a sufficiency of vitamins and salts. At the same time any foci of sepsis or irritation should be removed. If the cause cannot be removed, desensitization may be attempted. Specific desensitization may be accomplished by the ingestion of gradually increasing doses of the allergen, if a food, or by denaturization by boiling or cooking, or by subcutaneous injection if an inhalant. Nonspecific desensitization may be attempted if the cause cannot be determined, but results cannot be relied on.

Peptone, tuberculin, milk, autohemotherapy and vaccines have been advised. In many cases, prominent symptoms must be treated with drugs. In the pulmonary group, sedatives for the bronchial mucous membrane in the form of linctures may be required, in hay fever ointments or douches for the nose or drops for the eyes, and in the cutaneous manifestations palliative lotions or ointments. In the majority of allergic conditions there is a hypochlorhydria and hypoglycemia, so that the administration of hydrochloric acid and dextrose by mouth is indicated. In some of the skin manifestations and asthma, physical therapy at times brings about improvement, but it must be used only by skilled technicians or violent reactions will follow.

Chronic Streptococcal Toxemia. — Hindley-Smith calls attention to the fact that clinical research suggests the existence of an acute disease having invariable characteristics, for which the name "acute streptococcal fever" has been proposed. Other workers who have been studying the condition of chronic rheumatism have suggested that this is also due to the streptococcus acting under conditions of cell sensitization in the affected organism. A careful analysis of a large number of cases has led the author to the conviction that chronic rheumatism may be due to other causes than the streptococcus but that the streptococcus does, in fact, produce a disease having a definite syndrome and which is recognizable in its various stages, and of which the later symptoms include chronic rheumatism. Support for the theory that there is a condition of allergic sensitization at work in these cases, in addition to the streptococcal infection, is to be found in the fact that treatment with specific autogenous vaccines produces a high percentage of success.

Lancet, London

1: 549-600 (March 12) 1932

*Pathology and Treatment of Anemia. L. J. Witts.—p. 549.
*Treatment of Diabetic Uremia with Hypertonic Glucose Solutions. H. W. Fullerton, A. Lyall and L. S. P. Davidson.—p. 558.
*Specificity of "Proteose" Intradermal Reactions. J. Freeman.—p. 561.
*Duration of Red Lochia. C. Moir.—p. 564.

Pathology and Treatment of Anemia.—Witts discusses the anemias that result from disturbances of nutrition and disorders of the alimentary tract. They form a group that impresses both by its size and its unity. It is his opinion that all are of nutritional origin. The normal human diet contains substances which are necessary for the maturation of megaloblast into normoblast, such as vitamin B and the active principle of liver, and others which are necessary for the maturation of normoblast into erythrocyte, such as vitamin C, thyroxine, iron, and traces of other minerals. Animal experiments suggest that food substances are also necessary for the development of the megaloblasts from the reticulo-endothelium of the marrow, and that their absence leads to aplasia. Anemia arises whether these substances are not supplied with the diet or whether they are not absorbed in digestion. The anemia is due to diminished blood formation or anhematopoiesis, and, according to the level at which hematopoiesis is arrested, the marrow may be normoblastic, megaloblastic or aplastic. The cells drafted into the circulation from this dysplastic marrow are sometimes abnormal and liable to early destruction, but hemolysis is always secondary to the degeneration of the bone marrow and is never of high degree. The reticulocyte count is low, the resistance to hypotonic solution of sodium chloride is little impaired, and hemoglobinemia and hemoglobinuria never occur. The white cells and the platelets are normal or diminished. Remission of the disease is attended by an outpouring of reticulocytes in numbers directly proportional to the extent of the hyperplasia of the bone marrow. All these features are in direct contrast to the hemolytic anemias. Clinically these anemias are characterized by their frequent association with glossitis, gastrointestinal disorders and degeneration of the nervous system. Some of these anemias are simple and uncomplicated: the nutritional anemia of infancy is entirely due to shortage of minerals in the milk, and the anemia of scurvy to shortage of vitamin C. In others, the effects of one deficiency predominate in the blood picture, but traces of other defects may be recognized, as when iron deficiency occurs in Addison's anemia, or of the liver principle in simple achlorhydric anemia. In other cases, again, the symptoms of multiple deficiency may be present together, as in the anemia of pellagra or in tropical macrocytic anemia. The blood picture may change during the evolution of the primary disease. Megalocytic anemia is constant in Addison's anemia, but it is not uncommon for the disease to begin as a microcytic anemia, and more rarely it terminates in aplasia. This sequence of events is almost the rule in sprue.

Treatment of Diabetic Uremia with Dextrose Solutions.—Fullerton and his associates report the case of a woman, aged 27, who was admitted to the hospital unconscious, with marked air hunger, exhaling acetone strongly, and with the urine loaded with sugar and acetone. The case was diagnosed as diabetic coma. The patient was covered with warm blankets and surrounded with hot water bottles. At noon, 50 units of insulin was injected subcutaneously. Within half an hour she partially regained consciousness, and 30 Gm. of dextrose was given orally. At midnight a catheter was passed, and only 1 ounce (28 cc.) of urine was found in the bladder. Sugar and acetone were present, but much less in amount, while only a trace of diacetic acid was found. Blood was withdrawn, and the result of the estimation done next morning showed that the blood sugar was 382 mg. per hundred cubic centimeters. The blood urea had risen to 55 mg. per hundred cubic centimeters and the chlorides remained approximately stationary, at 627 mg. per hundred cubic centimeters. The patient was given 30 Gm. of dextrose and 20 units of insulin. During the first twelve hours she received 190 units of insulin and 150 Gm. of sugar. At 5 a. m. the bladder again contained only an ounce of urine, in which a trace of sugar and acetone was found, and no diacetic acid was present. Air hunger was absent, so further insulin treatment was temporarily discontinued. At this time vomiting was first noticed. For the following four days the patient was practically anuric, since approximately 2 ounces of urine was all that could be obtained each twenty-four hours by repeated catheterization. A consideration of these facts led the authors to conclude that the condition of the patient had altered from diabetic coma to what might be described as diabetic uremia. The position appeared to be critical, since patients with diabetic coma who develop a definite anuria, and in whom the blood urea reaches 150 mg. per hundred cubic centimeters or over, invariably die. Simple remedies, such as hot fomentations and cupping the loins, had failed. Irritant diuretics appeared to be contraindicated, as judged by the presence of blood and casts in the urine. As a last resort it was decided to try to restart urinary secretion by raising the blood sugar level to a high degree by the intravenous administration of hypertonic solution of dextrose. Accordingly, at 5 p. m. and again at 10 p. m., one pint of a 25 per cent solution of dextrose in physiologic solution of sodium chloride was given intravenously. The solution was introduced slowly, about forty minutes being taken for the injection. At 12:30 a. m., 8 ounces of urine was passed; this contained some sugar but no diacetic acid. During the rest of that day 20 ounces was passed. At 7:30 the next day another pint of 25 per cent dextrose in physiologic solution of sodium chloride was given intravenously. On the following two days, 34 ounces and 52 ounces of urine were passed, and subsequently normal urinary secretion occurred. The blood urea, which on the sixth day after admission had reached a maximum of 230 mg. per hundred cubic centimeters, steadily fell and returned to normal figures in nine days. The plasma chlorides, which up to this date had been somewhat above normal, fell to a figure slightly below normal. The patient's nutrition became excellent, and a complete recovery was achieved.

Specificity of "Proteose" Intradermal Reactions.—According to Freeman, Oriel's "proteoses," no matter where obtained or on whom tested, show a fairly constant toxic reaction within a few minutes of injection into the skin. (They may also show a delayed reaction.) He can detect no trace of the specific skin reactions claimed by Oriel. An immunotherapy based on this alleged specificity has no scientific foundation.

Duration of Red Lochia.—Moir found that the duration of a colored vaginal discharge following childbirth in 250 hospital patients varied considerably, but in the great majority of cases it far exceeded the supposed normal time limit. The average duration was twenty-four days. The average duration of the colored lochia in cases of uterine subinvolution and of retroversion was not greater than the average of the total number of cases. In this series there were twenty-nine cases

in which suckling was not carried out. Those cases did not show any prolongation of the colored lochia. Age and parity had no appreciable effect on the duration of the colored lochia.

Medical Journal of Australia, Sydney

1: 215-248 (Feb. 13) 1932

George Adlington Syme: Man and Surgeon. A. L. Kenny.—p. 215.
Hyperpyrexial Heatstroke: Mesopotamian Experience, with Some Etiologic Views and Method of Prevention Resulting Therefrom. K. G. Hearne.—p. 226.
Geographic Distribution and Meteorologic Aspect of Hyperpyrexial Heatstroke. N. B. Friend.—p. 232.

1: 249-282 (Feb. 20) 1932

Problems in Working of Child Welfare Scheme in Community. Helen Mayo.—p. 249.
Sudden and Uncertified Deaths. S. Sheldon.—p. 252.
Antepartum Hemorrhage. E. L. Newman.—p. 256.
*Investigation into Relation of Achlorhydria to Carcinoma of Stomach. F. L. Apperly and Joan H. Norris.—p. 260.
*Nasal Sinusitis in Relation to Lobar Pneumonia. C. M. Eadie.—p. 263.
*Driver's Thigh. J. Hoets.—p. 265.

Relation of Achlorhydria to Carcinoma of Stomach.—Apperly and Norris call attention to the fact that there is much evidence that the achlorhydria that so commonly accompanies carcinoma of the stomach really precedes that condition. Achlorhydria may be acquired, the result of chronic gastritis, or it may be a congenital familial peculiarity. Investigations by the authors indicate that the achlorhydria is not of the latter variety and support Hurst's contention that it is the result of a chronic gastritis preceding the appearance of carcinoma.

Nasal Sinusitis in Relation to Lobar Pneumonia.—Eadie reports the results of 103 postmortem examinations of the nasal accessory sinuses. The cases were not selected in any way; the sinus examinations were carried out on patients who had died in the wards of the Melbourne Hospital and who came to necropsy. In few cases had a record been made of any examination of the nasal sinuses, carried out during the final illness. The diagnosis of the condition of the sinuses was formed from their macroscopic appearance. It would appear after reviewing these cases that there is a definite association between acute infection of the maxillary antrum and lobar pneumonia, and that the inflammatory reaction of the lung may be caused in many cases by the entrance into the lung by way of the larynx of pathologic organisms and their toxins that have developed in the maxillary antrum. The investigation seems to justify the following conclusions: 1. In all cases of lobar pneumonia, the maxillary antrums should be investigated, and this is most satisfactorily done by suction and disinfection of their contents. The earlier this is done, the better will be the prognosis when the antrums are infected. It is remarkable the improvement in general symptoms and signs that may occur after once these cavities are treated in this way. Also it is noted how often a single "wash out" seems sufficient to clear the suppurative condition of the sinus. At the first suction pure pus may be obtained, and on repetition of this procedure ten days later the contents may appear free of pus. 2. In regard to pneumonia in association with influenza, this procedure is particularly advocated. 3. When cerebral symptoms arise in the course of lobar pneumonia, the sphenoidal sinuses should be similarly dealt with. The suction and disinfection of the sinuses can be done with the minimal disturbance to the patient. He does not require to be moved in his bed. A local anesthetic is all that is required.

Driver's Thigh.—Hoets draws attention to a condition fairly well recognized by both medical and nonmedical motor drivers and suggests the name "driver's thigh," which seems both convenient and descriptive. If a label has already been affixed, it has escaped the author's notice. The condition is a neuralgia or a neuritis of the sciatic nerve observed in those who spend a fairly large part of their time driving a motor car. Symptoms vary from an ill defined feeling of fatigue of the thigh muscles to those of a classic sciatica. The cause is a long continued pressure on the sciatic nerve just before its division in the lower third of the thigh. The pressure is produced by the use of the accelerator pedal, which requires the foot to be held in the one position, often for long periods. Treatment is, of course, by having the seat adjusted. It would seem that the seat without the usual tilt is perhaps the best kind for the driver. The trouble comes only when the driver sits badly or the springs of the seat have given way.

Archives de Maladies des Reins, Paris

6: 365-491, 1932

Relations Between Epididymis, Vas Deferens and Tunica Vaginalis. A. Hovelacque and H. Evrard.—p. 365.
*Abnormal Form of Polycystic Kidney. E. Papin and H. Verliac.—p. 383.
Improvement in Urea-Secretory Constant by Diuretics. A. Schwartz and L. Bertoliatti.—p. 391.
Hematuria Following Nephrectomy for Renal Tuberculosis. E. Papin and P. Bordas.—p. 413.

Abnormal Form of Polycystic Kidney.—Papin and Verliac state that a patient operated on by one of them had a condition which they called polycystic kidney, but there was no resemblance to true polycystic kidney or to nephritis with cysts. The patient was an emaciated woman, aged 31, with a mobile kidney and with sand in the urine, but no calculi, although she had had nephritic colic and hematuria. In the course of the operation, which had to be conservative, the authors removed a kidney which contained an adenoma and which on histologic examination was found to contain multiple cysts. These cysts were situated in the medulla and all the pyramids. Only two or three occupied the columns of Bertin. The cysts were filled with a homogeneous material whose reactions were similar to those of amyloid material. Their wall was formed by a single layer of endothelium.

Presse Médicale

40: 409-432 (March 16) 1932

*Chancroid Antibodies in Serum of Patients with Inguinal Adenopathies. P. Ravaut, E. Rivalier and R. Cachera.—p. 409.
Operation on Region of Parathyroids in Deforming Rheumatism. R. Simon and J. Weill.—p. 412.
*Posttonsillitic Pyemia: Enucleation of Tonsils During Course of Peritonsillar Abscess and Acute Tonsillar Inflammations. N. Taptas.—p. 414.

Chancroid Antibodies in Serum of Patients with Inguinal Adenopathies.—Ravaut and his associates report the study of the formation of chancroid antibodies in the serum of patients with inguinal adenopathy. Studies of the deviation of complement in the presence of an antigen extracted from the bacillus of Ducrey were made on the serums of three groups of patients: (1) those with chancroid buboes, (2) those with poradenitis and (3) a control group. Ninety-one reactions were observed. The serum of patients with chancroid buboes in almost all cases gave a positive complement fixation reaction in the presence of a chancroid antigen; on the other hand, the reaction was almost regularly negative in patients with poradenitis. The antibody content of the serum following injections of streptobacillary vaccine (dmelcos) likewise revealed a fundamental difference between the two diseases. Vaccine therapy during the course of chancroid infection caused a considerable increase in the proportion of antibody in the serum (20 or 25 units of complement or more in place of the normal amount of 5 units). This increase followed intramuscular as well as intravenous injection and was of long duration. In poradenitis, vaccine therapy produced only a transitory appearance of antibody, which frequently remained a moderate proportion and was induced only by intravenous injection. This reaction, artificially produced, always became rapidly negative again. The behavior of the control subjects, also with suppurating adenopathies, was similar in all points to that of the group with poradenitis. The study of the reaction of the deviation of complement in patients with chancroid buboes and patients with poradenitis has some practical value because it may aid in the differential diagnosis of those relatively frequent inguinal adenopathies which do not present a characteristic clinical picture. However, the intradermal reaction with chancroid as well as with lymphogranulomatous antigen gives earlier, more sensitive and more constant reactions than the serum antibody reactions. Further, the intradermal reaction with the antigen of Frey constitutes a positive diagnosis in poradenitis, whereas the reaction of complement fixation with chancroid antigen only permits diagnosis by elimination. While admitting that the practical value of the complement fixation reaction does not equal that of the investigation of cutaneous allergy, the authors think the information furnished by this reaction has considerable theoretical value because it supplies an additional argument in favor of the difference in the nature of chancroid infection and poradenitis.

Posttonsillitic Pyemia.—Taptas discusses posttonsillitic pyemia, as to pathogenesis, diagnosis and therapy. He thinks that in posttonsillitic pyemia the infection spreads along the lymph channels to the lymph nodes in the region of the jugular vein and from there by continuity to the latter. Frequently the venous walls become infected before disintegration of the lymph node and formation of a cervical phlegmon. In other cases, formation of a peritonsillar abscess and a deep phlegmon of the neck appears first and it is not until much later, if one delays unduly the drainage of these pus collections, that the cervical veins may be attacked. Histologic examination of the tonsils which are the starting point of the pyemia reveals perivascular infiltrations, and the peritonsillar venules, even in cases in which the tonsils appear clinically healed, are often thrombosed. At the onset of pyemia all tonsillar inflammation may have disappeared, also pus in the tonsillar, peritonsillar or retrotonsillar region may be absent, but inflammation of the lymph nodes around the jugular vein always exists, if one knows how to find it. While it is impossible to tell in the beginning of a case of acute tonsillitis whether it will terminate in pyemia, the hope of recovery depends on early intervention; so the author advises being constantly on the watch for it and suggests several methods of procedure for the physician, depending on the condition of the patient at the time he first sees him. If the tonsillitis persists after a week or if remission of symptoms is followed by recurrence and formation of a peritonsillar abscess impends, it is better to perform enucleation of the tonsil immediately to prevent formation of the abscess, hasten the cure of the infection and prevent its spread to distant parts of the body. If on the first visit to the patient the tonsillitis is cured but the temperature remains elevated with remissions of septic fever, or there is continuous fever without chills and the cervical region at the angle of the maxilla is more or less sensitive or infiltrated, an incision should be made at the anterior edge of the sternocleidomastoid to inspect the jugular vein. If the vein is diseased or a deep phlegmon is found and drained, the tonsil which served as the portal of entry should be removed before the end of the operation. If the vein is healthy, exposure for examination by a small aseptic incision is not harmful. Waiting till symptoms of pyemia appear endangers the life of the patient. In cases in which the patient is first seen several days after the onset of tonsillitis and a peritonsillar abscess has already formed, if the jugular region is free and the abscess well formed, an incision of the soft palate can be made and the abscess drained; but if this appears difficult it is better to enucleate the tonsil. In this way, by removing the inner wall of the abscess, the cavity is transformed into an open wound permitting the best possible drainage. If the first examination reveals tonsillar or peritonsillar inflammation accompanied by an engorgement of the jugular region with high fever, tonsillectomy must be supplemented by exposure and inspection of the sheath of the large vessels. In such cases one sometimes finds a deep collection of pus with extensive detachment of the pharyngeal wall, drainage of which is followed by cure. At other times the veins of the neck are involved without the formation of an abscess and it is necessary to dissect and resect them. Here one should remember that in deep collections of pus as much as in thrombosis of the jugular vein, the skin and subcutaneous tissue remain entirely healthy, the lesions being located below the deep cervical fascia. It is difficult, even in case of an advanced lesion, to feel a definite hardness at this depth; trying to feel a hard cord to diagnose thrombophlebitis exposes the patient to irreparable lesions.

40: 449-472 (March 23) 1932

Return Circulation. C. Laubry and A. Tzanck.—p. 449.
*Local Vaccine Therapy in Enterocolitis. A. Besredka.—p. 452.
Subcutaneous Rupture of Tendon of Long Extensor of Thumb. J.-L. Lapeyre.—p. 456.

Local Vaccine Therapy in Enterocolitis.—Besredka discusses local vaccine therapy in enterocolitis and reports some of the experiences of other investigators with this type of therapy which substantiate his observations and theories. By local vaccine therapy the author means specific immunization of an organ or tissue, effected without the aid of known antibodies and usually resulting in immunity of the entire organism. After discussing the development of this therapy and its use in streptococcus and staphylococcus infections, the author discusses its application in intestinal diseases such as typhoid, paratyphoid, cholera, dysentery and enterocolitis, in which the intestine is the sole or chief habitat of the infecting organism. Animal experiments demonstrated that ingestion of killed cultures of dysentery bacillus, cholera vibrio or typhoid and paratyphoid bacilli preceded, in the case of cholera or typhoid, by ingestion of ox bile to promote access of the organism to the intestinal wall resulted in a substantial immunity to infection. The method has been frequently and successfully used for vaccination in man. Seeking to discover whether this therapy could be used in enterocolitis, the author and his co-workers demonstrated in animal experiments that this method of local vaccination was also effective in the treatment of infection with Bacillus coli. Rabbits, after ingestion of living cultures of B. coli were able to resist lethal doses of the virus given intravenously. Corroborating experiences of other investigators are cited. In discussing the application of this therapy in various forms of enterocolitis, the author divides these into two groups: the monomicrobic, due to infection with typhoid-paratyphoid bacilli, dysentery bacilli, cholera vibrio, B. coli, Bacillus proteus and so on, and the polymicrobic or real enterocolitis which, the specific etiologic agent being unknown, must be considered as due to the collective action of all the intestinal bacteria. Two cases of B. coli infection are reported in which oral administration of an autogenous vaccine immediately after ingestion of bile resulted in cure. In cases in which the B. coli infection is complicated by urinary disturbances, the latter sometimes recede following oral vaccine therapy, but sometimes instillation of the antivirus into the bladder is required. In cases in which the colon bacilli persist in the urine after remission of the functional disturbances, if one can ascertain that the infection is localized in the upper part of the renal apparatus, one should not hesitate to introduce the antivirus into the kidneys. In fifty cases of colon bacilluria so treated by Jabiel and Petetin, symptoms of colitis and of bladder irritation disappeared in the first days of treatment. In some cases the bacteria persisted in the urine, but all signs of inflammation disappeared. Examples of successful oral vaccination against other monomicrobic forms of colitis are cited. Local vaccination in polymicrobic forms of enterocolitis, such as mucous colitis, sigmoiditis and ulcerative colitis, although more difficult, is practiced in France by many clinicians. Surmont and Butiaux employed the oral administration of autogenous vaccine, after sensitization of the intestinal mucosa with bile, in more than a hundred severe cases of enterocolitis with excellent results. The cure of a case of purulent hemorrhagic rectocolitis by local vaccination and its beneficial results in the treatment of ulcerative colitis have been reported by different authors. Amelioration or cure of the intestinal disturbances following local vaccination is accompanied in a good many cases by improvement or disappearance of the symptoms of perivisceritis, hypertension, anemia and cutaneous disturbances which sometimes accompany enterocolitis.

Schweizerische medizinische Wochenschrift, Basel

62: 273-296 (March 19) 1932

Goethe and Biology. K. Spiro.—p. 273.
*Late Abscess Following Intragluteal Injection of Bismuth and Sulphur. H. Schaer.—p. 280.
Substances for Disinfection of Bronchial Passages and of Lungs. T. Gordonoff and F. Janett.—p. 281.
Treatment of Bronchial Asthma. J. Poras.—p. 283.
Treatment of Dysphagia After Goiter Operations. H. Mehlin.—p. 284.
Nutrition and Medicine of Prehistoric Races in Switzerland. Grandjean.—p. 284.

Late Abscess Following Intragluteal Injection of Bismuth and Sulphur.—Schaer relates the clinical history of a man, aged 34, in whom a large subcutaneous abscess developed following antisyphilitic treatment by means of intragluteal injections of bismuth and of sulphur preparations. Puncture of the abscess yielded a brown fluid in which bismuth could be detected but no sulphur. Bacteriologic examination of a smear, as well as the culture and the animal experiment, all gave negative results. Since puncture proved ineffective for the cure, two longitudinal incisions were made, and the abscess was drained. This treatment effected an immediate reduction in temperature, and after five weeks only a small fistula, the size of a pin head, remained. Because the general condition

had also considerably improved, the patient was discharged from the hospital. The author points out that in the literature there are reports of other cases of late abscess after bismuth injections, and he cites several of them. He then calls attention to the fact that the patient who was the subject of his report received intermittently injections of sulphur. It is not impossible that injections of the sulphur preparations into the bismuth depot produced a toxic bismuth-sulphur compound that in turn could have produced a necrosis. However, the fact that in the pus there was only bismuth but not sulphur demonstrable speaks for the diagnosis of bismuth abscess.

Minerva Medica, Turin

1: 365-400 (March 17) 1932

Certainties and Unknown Facts in Antituberculosis Vaccination. A. Ascoli.—p. 365.
Significance of Anaphylaxis and Idiosyncrasy in Man. A. Archi.—p. 371.
Influence of Arsphenamine on Velocity of Sedimentation of Erythrocytes in Syphilitic Persons. R. Policaro.—p. 380.
*Pathogenesis and New Treatment of Varicose Ulcer. L. Biancalana.—p. 382.

Pathogenesis and New Treatment of Varicose Ulcer.—In a brief sketch of the anatomophysiology of circulation in the lower limbs, Biancalana states that the venous flow is occasioned by both (1) extrinsic propulsion, the push of arterial blood, thoracic aspiration, venous compression by muscular contraction and pulsations of the nearby arteries, and (2) intrinsic propulsion, venous elasticity and contractility. The author explains the genesis of varicosities in terms of venous insufficiency. The stasis and decrease in blood pressure of the venous network causes transudation of the plasma; the plasma distends the tissues, hindering interstitial circulation. The venous stagnation and the edema in turn hinder arterial circulation. In phlebitis, the venous walls are transformed into rigid tubes in which the circulation is poor. Ulcers are produced where the tissues are altered, and chronic ulcers are caused by nonspecific bacteria. Varicose ulcers do not respond quickly to treatment: it is seldom that the ulcerating tissues find the resources necessary for a restorative process. The treatment of the varicose ulcer is identical with that of the varices because in both the causal factor, stasis of the blood, must be eliminated. When the treatment of varices fails because of ulcer, measures are applied that can favorably influence circulation and cutaneous trophism of the limb. Modern therapy has turned to the method of obliteration of the veins. The substances promoting the process of endophlebitis, causing venous obliteration and sclerosis, are sodium carbonate and salicylate, quinine hydrochloride, mercuric iodide, sodium chloride, glycerin and phenol solutions. This method is bloodless and requires neither hospital care nor suspension of habitual occupation. It is useful in cases in which the cure of the varices did not heal the ulcers and in recurrent ulcers. The ambulatory treatment combats circulatory stasis of the limb by compressed bandages. After successfully treating ten patients, the author advocates the following technic. 1. The ulcer is cleaned preferably with benzine. 2. Then follows a superficial cauterization of the granulations with silver nitrate. 3. A thin layer of protective ointment (preferably Unna's) is spread on the ulcer and ulcerated zone. 4. The ulcer is covered with gauze padding to act as an absorbent of the secretion. 5. A bath sponge (about 2 cm. thick) covers the whole ulcer and is held in place by a gauze bandage. 6. A semielastic bandage is wound tightly about the leg from foot to knee, to keep the sponge compressed. The function of the sponge is to exert a regularly distributed pressure over the whole area. 7. The patient must walk about. (This treatment cannot be given to those confined to bed or with an acute attack of phlebitis.) 8. Dressings are changed every two or three days.

Pediatria, Naples

40: 169-224 (Feb. 15) 1932

Researches on a Case of Renal Infantilism. I. Gatto.—p. 169.
*A Peculiar Type of Hypoplastic Corpuscular Myelosis. P. Molteni.—p. 190.
Methods of Identifying the New-Born. F. Rolando.—p. 206.

Peculiar Type of Hypoplastic Corpuscular Myelosis.—Molteni describes a grave type of blood disease in a child, aged 6 years, and appearing some time after what is supposed to have been an attack of malaria. There were pallor of the skin and mucous membranes, hepatomegaly, great splenomegaly, practically no subjective symptoms, and nonprogressive but intermittent course of the disease, with periods of improvement and of exacerbation. The blood picture was characterized by diminution of red blood corpuscles, hemoglobin, leukocytes and platelets, with intermittent presence of basophil, polychromatophil and orthochromatic erythroblasts, few myelocytes and metamyelocytes, and absence of megaloblasts and megalocytes. The hematopoietic system presented zones of hyperplasia of the myeloid elements and aplasia of the elements producing the morphologic components of the blood, and in the spleen were found notable erythropoietic foci. This disease may be regarded as a variant of aplastic global myelosis, from which it differed in the variations of the clinical course, the blood picture and the histopathologic manifestations of the marrow, which throws light on certain types with a long course that may be observed in the adult. Malaria had no doubt an important part as a preparatory dysergic factor, in connection with a defective constitution, in the pathogenesis of the grave hemopathy. The course, although prolonged, proved fatal within one year and the many therapeutic attempts gave scarcely any results.

Radiologia Medica, Milan

19: 109-214 (Feb.) 1932

*A Peculiar Roentgen Picture in Pneumothorax. G. Torelli.—p. 109.
Aneurysm of the Innominate Artery: Two Cases. G. Lupacciolu.—p. 122.
Peculiar Roentgen Aspect of Pneumothorax Complicated by Adhesive Pleuritis. M. Accorimboni.—p. 130.
Roentgen Therapy of Vaquez's Disease. R. Rossoni.—p. 156.

Peculiar Roentgen Picture in Pneumothorax.—Torelli describes twelve cases of pneumothorax in which the relation between the opacity of the collapsed lung and the transparency of the pneumothoracic cavity was reversed, the opacity of the cavity being more marked than the shadow of the lung. This roentgen picture, which the author terms "opaque thorax," might be explained by assuming a thickening of the parietal pleura of the pneumothoracic cavity.

Revista de la Asoc. Med. Argentina, Buenos Aires

44: 693-808 (Nov.-Dec.) 1932

Epithelioma of Maxillary Sinus: Resection; Prosthesis. F. E. Christmann.—p. 693.
*Sign Produced by Forced Extension of Neck in Meningitic States. C. A. Videla.—p. 705.
Short Transverse Mesocolon. F. E. Christmann and M. Estiu.—p. 733.
Hemolysins in Paroxysmal Hemoglobinuria. C. A. Videla, E. Savino and J. Peroncini.—p. 743.
*Antitetanic Serum Therapy Intravenously. C. A. Videla, E. Savino and J. Peroncini.—p. 749.
Bleeding Nipple and Reclus' Disease. F. E. Christmann and J. M. Foutel.—p. 765.
Acute Appendicitis After the Age of 50. M. Estiu, F. E. Christmann and I. C. Celeri.—p. 775.
Calcium and Potassium in Mumps. C. A. Videla and E. Savino.—p. 785.

Sign Produced by Forced Extension of Neck.—Videla explains that he has obtained flexion of the lower extremities in 50 per cent of the meningitic patients he has examined. He raises the upper part of the body and supports it with his left hand on the back of the patient while his right hand exerts pressure on the chin of the patient to obtain forced extension of the neck. He describes the case histories of twenty patients with meningitis, of which eight were tuberculous, seven meningococcic, two pneumococcic, two purulent and one syphilitic. Frankly positive signs were obtained in nine cases and a faint sign in one other case, the distribution being the following: five positive in eight tuberculous, two positive in two pneumococcic, two positive in two purulent and one faint in seven meningococcic patients.

Antitetanic Serum Therapy Intravenously.—Videla and his co-workers offer a preliminary report on the intravenous use of a concentrated antitetanic serum prepared by one of them in the Bacteriologic Institute of the National Department of Hygiene, review its application in six tetanus patients, of whom five died notwithstanding very active treatment, and offer the following conclusions: Specific treatment of tetanus with concentrated serum administered intravenously does not offer difficulties, and the use of high dosage does not produce shock, but the intravenous route is not more efficacious than the intramuscular route.

Beiträge zur klinischen Chirurgie, Berlin

154: 475-634 (Feb. 17) 1932

*Chondrosarcoma of Bones. R. Kienböck.—p. 475.
Elimination Pyelography as Functional Test of Kidney. G. L. Lutz. —p. 507.
New Method of Anesthesia by Intraperitoneal and Intravenous Administration. V. Sanchis Perpiña and R. Diaz Sarasola.—p. 515.
*Hemorrhages of Renal Pelvis. K. Ebhardt.—p. 541.
Clinical Aspects of Plastic Use of Cutis. H. Polano.—p. 551.
Chronic Fibrous Struma with Retraction Manifestations. K. Gerlach. —p. 563.
*Surgical Aspects of Abdominal Purpura (Henoch). E. Seifert.—p. 575.
Injection Therapy of Varicose Veins. K. Kettel.—p. 585.
*Diagnosis and Surgical Pathology of Umbilical Rudiments: Hiccup as Symptom of Tension of Ligamentum Teres Hepatis. G. Büttner.—p. 603.
Action of Hormones in Acute Infections. H. J. Lauber.—p. 613.

Chondrosarcoma of Bones.—According to Kienböck, a chondrosarcoma of the bones may develop even during early childhood. Then it grows slowly during many years and even decades and finally reaches a considerable size. It may also form metastases in the internal organs as well as in the skeleton itself. In spite of this steady growth, the pains and other complaints are comparatively slight; only in the late stages does cachexia develop and then death follows. A detailed case history illustrates these aspects. In this case backache and scoliosis, the first symptoms, appeared at the age of 14. Roentgen examination at the age of 18 revealed a tumor the size of a hen's egg on the fourth lumbar vertebra. The tumor increased gradually up to head size, and a secondary cranial tumor developed, which also reached great size. The liver became enlarged and the skin showed Addison's pigmentation. The patient became apathic, emaciated and pale and died in his thirty-second year. The necropsy revealed a chondrosarcoma of the lumbar vertebrae and multiple foci in the internal organs and in the bones. In the conclusion the author states that although the final prognosis in such cases is unfavorable, it should also be considered that the patient may live with the primary tumor as well as the metastases many years and even decades.

Hemorrhages of Renal Pelvis.—In a case of severe hemorrhage of the renal pelvis in which nephrectomy was done, Ebhardt detected in the histologic examination that the hemorrhage was of inflammatory origin, was submucous, and was accompanied by proliferation of the epithelium. The kidney itself showed no essential changes. From this the author concludes that the term essential renal hemorrhage, as it is used in the modern literature, should be employed with greatest reserve, since in nearly all carefully examined cases a cause could be found for the hemorrhage. The reason for the absence of hemorrhages in one case and the presence of severe hemorrhages in another case giving an apparently identical histologic picture has as yet not been determined. The possibility of toxic influences from the respective infections on the vascular walls is considered.

Surgical Aspects of Abdominal Purpura (Henoch).—Three cases with certain similarities, which came under Seifert's observation in a comparatively short time, induced him to study the literature on the connection between abdominal purpura and intestinal invagination. He then describes the three cases of his own observation. The first one, which concerned a youth, aged 19, makes it appear probable that subserous hemorrhages in the end of the ileum in adults constitute a variation of purpura abdominalis (Henoch) in children. In the second case (true purpura abdominalis in a child, aged 10) surgical treatment was resorted to because appendicitis or invagination was thought of, but there were only hemorrhages in the intestinal wall, by which the wall had acquired a peculiar rigidity; but it is probable that this condition had caused the acute spasmodic abdominal pains. In a third case, which concerned a boy, aged 8, purpura abdominalis was combined with invagination and the author thinks that this is not a rare condition. The surgical significance of Henoch's purpura he sees in the fact that the spasmodic abdominal pains with vomiting and occasional bloody stools may mask an invagination, and since without a surgical intervention the diagnosis invagination can be based only on the palpation of the characteristic tumor, he thinks it advisable to resort to laparotomy whenever an invagination is thought probable, for it is better to perform an unnecessary laparotomy, that is, if there is only an abdominal purpura, than to overlook an actually existing invagination. The laparotomy is the more justified because there is also the possibility of an acute appendicitis. The abdominal purpura does not make an operation unusually dangerous, for it does not involve anomalies in the bleeding process, since the morphologic blood picture, the coagulation and the bleeding time are all normal.

Hiccup as Symptom of Tension of Ligamentum Teres Hepatis.—Büttner questions whether hiccup is always caused by contractions of the esophagus (cardia). A triad of symptoms attracted his attention, namely: (1) pains from the umbilicus upward, (2) a burning pressure that reaches underneath the sternum and simultaneous rising of watery mucus, which leads to frequent expectoration, and (3) hiccup. He cites observations which indicate that traction in the epigastric region such as is caused by tension of the ligamentum teres hepatis causes hiccup. The hiccup thus produced is always of a mild nature. It appears that the substernal pains, the heartburn-like manifestations and the expectoration are likewise caused by this tension. The most important practical result of his observations the author sees in the possibility that a group of complaints which have frequently been considered and treated as neurosis of the stomach can thus be explained and can be corrected by an operative intervention.

Klinische Wochenschrift, Berlin

11: 401-440 (March 5) 1932

Timely Recognition of Pulmonary Tuberculosis and Tuberculosis Inapercepta. Braeuning.—p. 401.
*Hormone of Intermediary Lobe of Hypophysis. B. Zondek and H. Krohn. —p. 405.
Uremia in Bence-Jones Albuminuria. F. Buschke.—p. 408.
Modification of Renal Activity by Blockade of Splanchnic Nerve. E. Freude.—p. 411.
Synonymous and Symmetrical Contralateral Comovements Produced by Passive Movement and by Electrical Stimulation. L. Alexander.—p. 412.
Blood Cholesterol in Arterial Hypertension. C. V. Medvei.—p. 414.
Elimination Urography in Young Children. A. Viethen.—p. 416.
Serologic Investigations on Athletes. E. Jokl.—p. 417.
*Deficiency of Symptoms in Chronic Agranulocytosis. T. Doxiades.—p. 419.
Iodine Content of Cerebrospinal Fluid. A. Hahn and A. Schürmeyer. —p. 421.
Transformation of Urinary Folliculin from Pregnant Mares into Form Extractable by Ether. S. Stammler and E. Djatlowa.—p. 422.
Mercury Diuresis: Indication and Application. K. Engel.—p. 423.

Hormone of Intermediary Lobe of Hypophysis.—Zondek and Krohn report their studies on the chromatophoric substance of the hypophysis. As a test object for this pigment hormone the authors used the minnow (Phoxinus laevis), a small fish, which at the spawning time develops the so-called nuptial dress, an intensive coloration on certain parts of the body. Attempts to produce the nuptial dress outside of the spawning period by means of the usual sex hormones (folliculin and prolan) failed, but it was found that, when a hypophyseal extract was injected that did not contain prolan, the minnows developed an intensive red coloration at the sites of attachment of the pectoral, ventral and anal fins. Microscopic examination revealed that this red coloration was due to a maximal expansion of the erythrophores. Since the erythrophores belong to the same cell group as the melanophores, it seems probable that the red coloration is produced by the melanophoric or chromatophoric substance of the hypophysis. The authors give a detailed description of their tests and state that they succeeded in isolating the chromatophoric substance as a special hormone, and that this hormone is produced in the pars intermedia of the hypophysis.

Symptoms in Chronic Agranulocytosis.—Doxiades relates the clinical histories of three patients with severe leukopenia or agranulocytosis in which the disease took a chronic and perhaps a benign course. In one of these cases there existed a reduction of the granulocytes for three years, with occasional latent intervals. During this period the patient passed through numerous infections, during which low as well as higher leukocyte values could be demonstrated. The transition from almost complete disappearance of the granulocytes to normal values of polymorphonuclear leukocytes took place without any therapeutic intervention whatever.

Medizinische Klinik, Berlin

28: 351-386 (March 11) 1932

*Etiologic and Pathogenic Studies on Lymphogranulomatosis Inguinale. Levaditi.—p. 351.
Definition of Disease. F. Reiche.—p. 354.
Puberty Neurosis. Leichtentritt.—p. 355.
Trauma and Diabetes Mellitus. H. Liebig.—p. 357.
Erythema Nodosum and Scarlet Fever. H. Perger.—p. 360.
Nontypical Tumors of Bladder. K. Heusch.—p. 361.
Plastic Anatomy of Eyes of Nurslings and Children. R. H. Kahn.—p. 364.
Artificial High Mountain Climate. E. Homberger.—p. 368.

Etiologic Studies on Lymphogranulomatosis Inguinale.—Levaditi points out that until 1930 it was assumed that either a culturable micro-organism or a protozoan might be the cause of lymphogranulomatosis inguinale. Then, however, Hellerström and Wassen reported their experiments on monkeys, which indicated that a virus is the pathogenic agent. The author repeated the experiments reported by these investigators and obtained the same results. He further compared the virulence of several strains of the virus and he found that it varied greatly. He also investigated the biologic qualities of the virus, that is, its resistance to heat and cold and to various chemical substances. He found that it is a filtrable virus and that under the influence of electrophoresis it shows the same action as other types of virus, such as the virus of herpes, of encephalitis and of chicken cholera. Studies on the suitability of the various species of experimental animals for tests on the virus of granulomatosis inguinale revealed that only monkeys (not rabbits, rats and cats) are susceptible to the virus. The symptomatology of granulomatosis inguinale in monkeys varies according to the mode of inoculation, whether intracranial, intrapreputial or intra-inguinal. In intracranial inoculation, those symptoms predominate which indicate irritation of the cerebrospinal meninges. However, intrapreputial or intra-inguinal inoculations produce a bilateral inguinal polyadenitis, similar to that observable in human beings, but there are no indications of an involvement of the nervous system. Studies on the distribution of the virus in the organism of inoculated monkeys revealed that the virus is present in all organs. In regard to immunity and to the virucidal power of the serum in lymphogranulomatosis inguinale the author states that there are indications that during the disease the serum of the patient contains the virucidal principle, and he thinks that this factor may eventually be utilized for serodiagnosis and for serotherapy of the disease.

Zentralblatt für Chirurgie, Leipzig

59: 641-704 (March 12) 1932

Adjustment of Articular Surfaces of Tibia by Elevation by Means of Bone Wedges. E. Lexer.—p. 642.
Anatomic Localization and Treatment of Pain in Knee Caused by Overexertion. J. Dollinger.—p. 644.
Duration of Spinal Anesthesia. W. Nissel.—p. 648.
*Incarceration of Anastomotic Loop in Mesocolic Opening in Posterior Gastro-Enterostomy. L. Torraca.—p. 652.
Isolated Dorsal Luxation of First Metacarpus. Z. Balogh.—p. 656.
Plastic Repair of Anterior Cruciate Ligament. W. Porzelt.—p. 658.
Technic of Roentgenoscopy of Lumbosacral Angle. M. Samuel.—p. 661.
Infection. H. F. O. Haberland.—p. 661.
Surgery of Colon. H. Finsterer.—p. 665.

Incarceration of Anastomotic Loop in Mesocolic Opening in Gastro-Enterostomy.—Torraca points out that von Hacker was the one who first advised fastening the margins of the mesocolic opening to the posterior wall of the stomach in order to prevent contraction of this opening and incarceration. Most surgeons followed this suggestion, but others suggested fastening on the suture of the anastomosis or on the intestinal wall. The author followed the advice of Bier, who suggested that the mesocolic opening could be fastened either to the wall of the stomach or to the intestinal wall. That the latter procedure may cause complications the author illustrates by a case in which an intestinal obstruction developed, which necessitated a second operation. He cites similar cases from the literature and emphasizes once more that fastening the mesocolic opening to the intestinal wall may have serious consequences. He also advises against fastening on the anastomotic suture and he recommends von Hacker's original method; namely, fastening on the wall of the stomach.

Zentralblatt für Gynäkologie, Leipzig

56: 641-704 (March 12) 1932

Official Obstetric Statistics. L. Seitz.—p. 642.
Problem of Cesarean Section. E. Preissecker.—p. 645.
*Action Mechanism of Hormones of Anterior Lobe of Hypophysis and Acceleration of Biologic Pregnancy Reaction. H.-U. Hirsch-Hoffmann.—p. 655.
Interruption of Pregnancy on Account of Fracture of Vertebral Column. H. Naujoks.—p. 661.
*Induction and Acceleration of Labor by Combination of Modified Kiwisch's Hot Vaginal Douche with Stein's Method. H. Hellendall.—p. 667.
New Indications for Calcium Therapy in Gynecology. E. Wilser.—p. 674.
Simultaneous Bilateral Tubal Pregnancy. F. Heymann.—p. 678.

Acceleration of Biologic Pregnancy Reaction.—Hirsch-Hoffmann shows that the action of the hormones A and B of the anterior hypophysis is in some instances already noticeable after twenty-eight hours, but always after thirty-six or thirty-eight hours, provided the quantity injected was sufficiently large. The indication for the presence of the hormone A is the growth of the follicles with formation of a follicle cavity. The cells of the stratum granulosum are somewhat proliferated but do not differ essentially from those of a resting follicle. Presence of hormone B is indicated by a marked enlargement of the cells of the stratum granulosum, which gives the follicle a honeycomb appearance, and also by beginning or advanced luteinous transformation of the cells of the stratum granulosum. The enlargement of the cells the author considers as beginning transformation and in the Aschheim-Zondek reaction he considers it as indicative of an existing pregnancy. He thinks that for the diagnosis of a normal pregnancy it is not necessary to use the most rapid method. However, it should be considered that in urgent cases it is possible to detect signs of pregnancy after thirty-six or thirty-eight hours.

Induction of Labor.—According to Hellendall, the effect of Kiwisch's hot vaginal douche is due not so much to the thermic stimulation as to the dilator effect. To effect dilatation, efforts should be made to produce stasis of the fluid in the vagina, which is done by temporarily closing the vaginal opening. Every douche is continued for from one-half to one hour so that the vagina is irrigated by from 50 to 100 liters of fluid. The author cites twelve cases from the literature in which labor was induced by employing only this method, and reports one case of his own observation, in which he had good success by combining the vaginal douche according to Kiwisch's method with Stein's method of injection of solution of pituitary. He reports five other cases in which he induced labor by this combination method and then he describes four cases in which this procedure proved helpful to accelerate the process of labor after the uterine contractions had become weak or had ceased entirely.

Mikrobiologicheskiy Jurnal, Leningrad

13: 1-80, 1931

*Flocculating, Precipitating Property of Antibacterial Serum. M. Elisuiskiy.—p. 5.
*Serologic Study: Subcutaneous and Enteral Injection of Bivaccine (Typhoid and Paratyphoid B). L. I. Budakov, N. N. Romanenko and K. N. Tokarevich.—p. 23.
Mechanism of Scarlet Fever Following Burn. A. A. Smorodintsev and E. F. Togunova.—p. 27.
Intra-Articular Fixation of Staphylococci and Bacterium Paratyphosum B Subsequent to Local Cold Applications. V. I. Ioffe and A. P. Lopatkin.—p. 36.
*Influence of Bacteriophage on Local Infectious Process. Ya. F. Sharov.—p. 47.
Treatment of Local Diphtheria with Combined Vaccine. L. I. Budakov, N. N. Romanenko, K. N. Tokarevich.—p. 51.
*Electrophoresis in Study of Rabies Virus. M. P. Gluzman, D. M. Gorfunkel, Yu. V. Solovyeva.—p. 56.
Mixed Blood Cultures in Typhoid. A. I. Pshenichnov.—p. 61.
Paracolon IV Group. N. G. Klueva.—p. 64.
*Passage of Brucella Melitensis-Abortus Through Normal Skin of Guinea-Pigs and Rabbits. V. N. Makkaveiskiy, I. V. Karkadinovskaya, N. I. Mixeev.—p. 72.

Flocculating Property of Antibacterial Serum.—Elisuiskiy performed flocculation and precipitation tests, according to the methods of Ramon and Deyer, and also complement fixation tests on the meningococcus, Pfeiffer bacillus, Brucella melitensis, and Bacillus anthracis. Tests were performed with fresh serums, some preserved with 0.5 per cent chloroform and others kept at icebox temperature as long as two years. The flocculations of antibacterial serum and filtrates of cul-

tures were in all cases similar to those reported using antidiphtheria serum. The specificity of the flocculation tests was controlled by using normal and nonspecific serums. The intensity and rapidity of the flocculation was found to vary with the serum, the bacterial filtrate and especially with the proportion of each. Ignorance of the latter results in flocculation with characteristic gradual increase in precipitation but no zone of flocculation. Antibacterial serum is stronger than antitoxic serum. The antibacterial serum in contradistinction gives an "initial flocculation," since it contains the optimum of the reacting ingredients. The titer as well as the time for the appearance of the initial flocculation varies with the character as well as the immune property of the serum. Therefore initial flocculation is a good evaluation of antibacterial as well as antitoxic serums. And to obtain a zone of flocculation it is necessary to find the proper proportions when mixing the serum and the filtrate. In studying the zone phenomena, a constant amount of precipitin (serum) should be added to progressive quantities of precipitinogen (bacterial filtrate). In some tests it was noted that the zone of initial flocculation coincided with the complement fixing dose. In others in which this was not true, the author believes that previous flocculation had rendered the serum less sensitive. He concludes that initial flocculation should be a criterion in the determination of immune substances in serums and that it could be added to or used instead of agglutination and complement fixation tests.

Injection of Bivaccine (Typhoid and Paratyphoid B).—Budakov and his co-workers in an epidemic of typhoid in 1931 utilized a bivaccine of Bacillus typhosus and Bacillus paratyphosus B. Three variations were included; namely, (1) the usual vaccine consisting of 1 cc. (1 billion typhoid and 500 million paratyphoid bacilli), (2) a formaldehyde treated bivaccine (anavaccine), and (3) a bivaccine in chocolate tablet form (administered by mouth), each tablet containing 100 billion bacilli (two thirds typhoid bacilli and one third paratyphoid B bacilli). Among 7,300 persons, 526 persons were treated with anabivaccine and 3,964 persons were treated with enterovaccine. Serologic examinations for immunity were made in 680 instances: 202 immunized with bivaccine, 162 with anabivaccine, 207 with enterobivaccine, and 109 controls without immunization. It was found that most of the high titers were due to bivaccine in spite of the fact that less of the antigen was used for vaccination; and the number of negatives for both typhoid and paratyphoid were less. The titer for Bacillus typhosus was always higher than for Bacillus paratyphosus B. The negative serologic reactions were between 40 and 50 per cent, and the titers were lower for both typhoid and paratyphoid when the enteral route rather than the subcutaneous route was used for immunization. The authors conclude that the bivaccine gives better results than the anavaccine and that the subcutaneous route is preferable to the enteral route.

Influence of Bacteriophage on Local Infections.—Sharov discusses two series of experiments in which bacteriophage "Posen" was used for treatment. In one series the articulations of a number of mice were experimentally infected with the paratyphoid B bacillus, and this series received for treatment subcutaneous injections of bacteriophage. Similarly another series of mice with experimental local infectious processes received intravenous injections of bacteriophage. The mice were killed after seventy-two hours and cultures were made of the articulations, blood, and lymph nodes. The author found that in spite of the fact that the bacteriophage strain "Posen" produced lysis in high dilutions when brought in contact with Bacillus paratyphosus B in vitro, his experiments showed no decrease in the microbic flora when the experiments were performed in vivo.

Electrophoresis in Study of Rabies Virus.—Gluzman and his co-workers used emulsions of brain from rabbits infected with rabies and killed in the agonal stages. The emulsions were diluted 500 times in buffers ranging from p_H 6.0 to 9.3. The apparatus for the electrophoresis was a modification of Todd's instrument. The current at the rate of from 0.8 to 7 milliamperes with a potential of 120 volts was allowed to flow from two to sometimes three hours and then quantities of solution were taken from the region around the positive pole and around the negative pole and for control purposes from the region in between the two poles, and rabbits were injected subdurally. No change in virulence for rabbits was noted in the material taken during the passage of the current. The solution taken from the anode was virulent in twenty-one of the twenty-seven instances. The solution around the cathode was virulent in six instances, but in the latter the solution around the anode proved to be virulent at the same time. The range of hydrogen ion concentration in the six instances was from p_H 8.0 to p_H 8.6 and the rate of movement was slowest in that range. The authors conclude that the electrophoresis of the rabies virus is toward the positive pole in the p_H range of from 6.0 to 9.3. The virus loses its virulence on the acid side or at the iso-electric point. It was not found possible to separate the virus from the rest of the solid substance.

Passage of Brucella Melitensis-Abortus Through Normal Skin.—Makkaveiskiy and his co-workers state that the alimentary tract is not the only portal of entry for Brucella abortus and Brucella melitensis. The skin as a portal of entry was used in two groups of guinea-pigs (twenty each) and two groups of rabbits (ten each) in experiments on Brucella melitensis and Brucella abortus. In ten rabbits and ten guinea-pigs, the injections were made into the conjunctiva. The authors found that agglutination tests were positive in 25 per cent of the guinea-pigs and 60 per cent of the rabbits infected through the normal skin with Brucella abortus; and the tests were positive in 10 per cent of the guinea-pigs and 20 per cent of the rabbits infected through the normal skin with Brucella mellitensis. The tests were positive in 60 per cent of the guinea-pigs and 90 per cent of the rabbits injected with both strains into the conjunctiva.

Ugeskrift for Læger, Copenhagen

94: 249-278 (March 10) 1932

Diagnosis and Prognosis in Cardiac Diseases. E. Warburg.—p. 249.
Ulcer of Leg and Treatment. H. Tvedegaard.—p. 256.
*Hematologic Casuistics. K. Winge.—p. 259.
*Albuminuria in Polycythemia and Relation During Treatment. H. C. Gram.—p. 262.

Hematologic Casuistics.—In Winge's first case, of acute leukemia, epistaxis was the earliest symptom and death occurred after barely three weeks. The second case, of myeloid leukemia, was in a patient aged 76, with a history of recognized symptoms for only six months. In the third case, of lymphosarcoma, there was a moderate anemia with lymphocytosis, followed after roentgen treatment by lymphopenia. The fourth and fifth cases illustrate the varying pictures in the development of a pernicious anemia, with, in the last, difficulty in diagnosis.

Albuminuria in Polycythemia.—On the basis of three cases of polycythemia treated with phenolhydrazine and benzene, Gram is inclined to believe that the albuminuria in polycythemia may be a result of the increased number of cells, not the cause or a coordinated phenomenon. The albuminuria, he says, is improved or disappears when the blood values approach or attain normal values as the result of effective treatment.

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*Infectious Mononucleosis. A. Nyfeldt.—p. 279.
Dependence of Normal Kidney Function on Size of Body. C. Holten.—p. 288.
*Blood Sugar Studies in Diphtheria Patients. A. Brems.—p. 292.
Two Cases of Recurring Measles. K. Lau.—p. 298.

Infectious Mononucleosis.—Nyfeldt describes the history, clinical aspect, diagnosis and differential diagnosis of this condition, partly from study of the literature. He urges examination of the blood in all diseases of the throat in order to make sure the diagnosis, particularly for the timely diagnosis of agranulocytosis.

Blood Sugar Studies in Diphtheria Patients.—Brems says that a moderate fasting hyperglycemia is not infrequently seen in the acute toxemic stage of diphtheria. The blood sugar curve after oral administration of 1 Gm. of dextrose per kilogram of body weight in many cases of only fairly grave diphtheria shows remarkably high maximal values and a strongly protracted hyperglycemia, with return to normal usually after from one to two weeks. The phenomenon is due to the intoxication, being frequently noted in afebrile patients and absent in mild cases with possibly considerable rise in temperature. At the start of the condition, glycosuria is occasionally seen. After the administration of dextrose, the elimination of sugar in the urine is an almost constant phenomenon in toxic patients.